

INTRODUCTION TO SOCIAL CASE WORK

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by

JOSEPHINE STRODE

*Instructor in Social Case Work
Cornell University, Ithaca, N. Y.*

IN COLLABORATION WITH

PAULINE R. STRODE

*Counselor, James Monroe High School
New York, N. Y.*



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PREFACE

ONE of the most significant social developments of the past decade was the enactment of our Federal Social Security Act, which not only fixed public responsibility for a number of social services, but in placing the selection of workers to administer those services under state merit systems focused attention on the need for wider training opportunities for social workers.

While the emphasis in the modern picture is largely on public welfare practice, social workers recognize their great debt to private welfare agencies for leadership in service and research.

This textbook has been prepared, primarily, to meet the needs of instructors of undergraduate courses in social case work, and of supervisors of staff-development programs in public and private welfare agencies. It is designed, likewise, to afford subject matter for individual and group study by social workers who wish to increase their understanding of social case work and prepare for civil service promotional examinations. It is believed that committees of examiners also will find the book helpful in the preparation of questions for civil service tests.

The book presents an historical view of the development of social case work, analysis of social case-work principles and practice, and consideration of social case-work problems. The intent is to provide an introduction to the field of social case work. A second volume now in preparation will analyze, with illustrative material, techniques and procedures such as interviewing, relationship treatment, determining eligibility, home visiting, and community participation.

The content is organized into nine units of study to cover, with collateral study of case records, two semesters' work.

At the end of each chapter are listed questions for discussions, suggested individual and group activities, and selected readings. These and the plan of study have been tested in the author's course in social case work at Cornell University.

SUGGESTIONS TO TEACHERS

It is believed the material presented herein will relieve teachers of much of the burden of preparing introductory lessons and thus allow more time for guidance and training of students.

The number of college students taking courses in social work is increasing. Knowledge of social case work is valuable in medicine, law, education, vocational guidance, personnel administration, adult education, child development, nursing, health education, and home economics, and courses in social work are recommended to students majoring in these and other fields. Furthermore, since we are now committed to broad programs of social service all college students should have knowledge of social case work since as citizens their understanding and support of programs are vital.

Student practice to parallel class instruction is desirable when the right kind of practice and good supervision can be secured. However, experienced teachers know that these are often difficult and in some situations impossible to obtain.

No class need lack illustrative case material, however. It should be possible in an introductory course to utilize life experiences of students for case material. A gain in student thinking would be the realization that the case-study method can be applied to any person in any situation and is not peculiarly reserved for disadvantaged families under the care of welfare agencies. Everyone has a number of friends, relatives, or acquaintances whose life histories can be utilized. Published autobiographies and some biographies also afford case-study material. Available, likewise, are volumes of selected social case records.¹

Reading matter suitable for students in an introductory course in social case work is limited in quantity. However,

¹ See Chapter 17, *Selected Readings*.

significant chapters carefully read and weighed in the light of life experiences of a student are more valuable and a greater stimulus to further study than volumes of general professional literature read uncomprehendingly. The author has selected references which have proved meaningful to undergraduate students. For graduate students and the exceptional beginner more comprehensive bibliographies are available, and such students should be directed to them in the line of their interests. All students should be encouraged to familiarize themselves with the publications of local, state, and national public welfare departments and private social agencies.

Since socially competent individuals are needed in social case work, an important task for the teacher is to provide students with opportunities for varied social experiences. To further the social development of students the wise teacher makes use of social devices such as teas and after-dinner coffees, planned and presided over by students, to which workers from public and private welfare agencies and community leaders are invited.

Students should also be helped to gain acquaintance with organizations which traditionally have assumed leadership in community welfare, such as fraternal societies, churches, settlements, clubs, and public bodies, and thus acquire a feeling for the interplay of social forces in a community.

Social case work as a profession was pushed forward to center stage by social and economic conditions and the mandate of the Social Security Act at a time when a sufficient supply of well-trained social work personnel were not available. Many partially trained and some untrained workers were called to fill the gaps in the ranks and even to assume leadership.

The great need now is for social case workers, not only with sound general education and technical training but with social vision, high purpose, and social competence, for imperatively the profession needs leadership.

The future of the profession is in the hands of teachers who have the task of training and developing social workers. The author hopes this book will aid them in discovering and inspiring leaders.

SUGGESTIONS TO SUPERVISORS

SUPERVISORS, generally, have responsibility for organizing and conducting staff-development programs for local staffs as well as the tasks of supervision and evaluation of workers and services. Where special teachers or consultants are employed, supervisors necessarily work closely with them.

The difficulties confronting staff development of social workers already on the job are many. How can teaching be related to the everyday demands of the social worker's job when a supervisor is fortunate if she can visit a worker once a month? What should be taught when there is such great variance in the background of training and experience of workers? Should it be individualized teaching, going over case records with each worker, making suggestions and pointing out mistakes?

Supervisors appreciate that social case workers not only need help in analyzing their practice in terms of results, but need broad knowledge and social experience to enable them to act intelligently in new situations and to understand as they employ different procedures why they are using them.

With the best of intentions many supervisors are undertaking singlehandedly to lift social case workers in their districts to a higher professional level by using overworked supervisors' bootstraps. Some supervisors have found, however, that the staff development of social workers can be a creative group undertaking in conformity with progressive educational theories.

A group of social workers can overcome many of their educational and professional handicaps by assuming concern in an association for their own improvement and progress. A preliminary district meeting can be called by a supervisor or by several workers. After a few introductory remarks by the supervisor on the need for social workers to continue their education for increased effectiveness on their jobs and

for their own professional advancement, the workers should be permitted to take over the meeting and proceed in democratic fashion to determine the form of their organization, decide on procedures, and elect officers.

In some instances workers in an association have formed a number of committees to function as small study groups, each worker choosing membership on the committee of his greatest interest, whether child welfare, the blind, techniques, recording, community interpretation, or some other phase of social work. Supervisors confer with committees on subject matter and methods of study and keep in touch with the progress of committees and of individual members. Reports of study committees are made at regular association meetings as frequently as the number of committees permits. Such reports have added educational value when all members of a committee participate in a dramatization or a panel discussion of their findings.

It is important in the initial stage of an association of social workers that the supervisor bear in mind the value to the workers of experiencing success in their efforts and that she do everything possible to insure them that experience. Then, having experienced success, the workers will be encouraged to go on, confident of their ability to achieve. The guidance and leadership of the supervisor is needed also to secure maximum group participation to keep the organization functioning democratically.

Inherent in such associations of social workers are opportunities for increasing workers' sociability, for developing their sensitivity to forms of individual and group behavior, and for gaining an understanding of the creative aspects of group interaction.

Likewise, in such an association many of the instructional difficulties in a staff-development program become group problems with the group responsible for solutions. The better equipped social worker is not irked by studying material she has previously read when she appreciates her responsibility to make a contribution to her associates. The worker with less education is stimulated to greater study efforts by her group contacts. Through cooperating and

sharing, all the workers in the group gain social skills and increased social understanding.

In the matter of material for study, social workers are resourceful. Where library facilities are limited, some study groups make lists of social-work books they believe worth while and each member purchases one of the books to start a minimal collection. Other study groups have found the most fruitful method to be the intensive study of one book by all members at the same time. With each social worker buying a copy and definite readings assigned, interesting group discussions have resulted. Unfortunately not many volumes of social-work literature lend themselves readily to practical study by busy practitioners of limited training and experience.

Because of the need for a text of an introductory nature, in the training of social case workers, the author has written the present book. Questions for discussion, suggested activities, and selected readings are included to aid group study, staff-meeting discussion, and individual study, as well as to furnish units of class instruction.

As a text of basic knowledge in the field of social case work, it is believed this book will serve to strengthen the foundation for the staff-development programs of supervisors.

SUGGESTIONS TO STUDENTS

SIMPLE and practical material about social case work is not readily available to students. Primary material seems to be buried in bound volumes of periodicals and national conference proceedings, and in single chapters or stray paragraphs of specialized texts. Interest in social service as a profession is increasing, however, and students wish information. What is social case work? How is it done? In what situations is it used and why?

To help orient undergraduates in the field the author has endeavored to present basic material in social case work philosophy and practice. In the development of workers on the job the text should prove helpful as a study manual. Graduate students will find the contents helpful in the teaching and guidance of young workers which their leadership generally imposes.

Successful practice in social work calls for definite social skills which can be acquired only through wide experience in varying social situations. Therefore students should seek social experiences through active participation in community programs, contributing ideas and leadership, and sharing in group activities.

Practicing social workers, likewise, profit from participation in community affairs; they also value association with other social workers for they find they gain most from their experiences on the job when they view them from the different angles of many minds.

Social workers do not claim to have final answers to social problems nor infallible techniques. The principles and practice of social case work are constantly being examined and refined in the light of social and scientific progress.

Social case work today is a challenging profession and superior students, capable of unselfish service and social leadership, are needed in its practice.

Part I

HISTORICAL PERSPECTIVES

*"The more extensive a man's knowledge
of what has been done, the greater will
be his power of knowing what to do."*

—DISRAELI

Unit I

ANTECEDENTS IN GREAT BRITAIN

Chapter 1

CHAPTER I

ENGLISH POOR LAWS

MAN has ever been interested in the welfare of his fellow men, but the reasons for his concern, his attitudes toward people and their problems, as well as his behavior in social situations have been conditioned by the prevailing forms of social organizations. It is important, therefore, to view the development of social organizations in historical perspective to see the progress in social concern for human welfare.

The antecedents of our present social work practice are to be found largely in England. The English poor laws have directly influenced welfare legislation in this country, and similar terminology is found in a number of state statutes. The character of our private philanthropy was also influenced by charity organization methods in England.

Village Life.—The early history of England furnishes an excellent example of primary group association in tribal village life. After the Fall of Rome in A. D. 476, the culture which had been imposed on the conquered quickly disappeared and the people returned to the simple pattern of life of the Germanic invaders. Land was owned in common by the clans. The members of a clan lived in the village but went out daily to farm the plots assigned to them by their clan. Plowing, sowing, and harvesting were all communal undertakings. There were common areas for grazing, common feeding grounds for pigs and goats, and common wood lots. Each village was self-supporting and self-sustain-

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The Parishes.—While the parish as a community unit did not figure significantly during the peak of feudalism, it did exist in restricted areas and its members functioned on a primary group level.

Originally the parish was composed of Christian adherents who banded together in the midst of hostile groups. The part which the Christian philosophy played in focusing the attention of communities on the needs of the poor cannot be overemphasized. Charitable contributions and service to the poor were means of acquiring "grace" in the early Christian church; charity became a prized human virtue.

With the decline of feudalism and in the disorganization and desolation which followed the Black Death many people turned to the church, and the parish began to play an important part in social welfare. Until the middle of the sixteenth century the church continued to be the chief relief-giving agency. It distributed alms to the poor and was authorized to take up collections for them. It furnished food and lodgings to transients who in those days were knight errants, pilgrims, and crusaders, and it provided for the sick, the aged, and orphans.

The Black Death.—The social life of England was radically changed by the Black Death, the bubonic plague which spread unchecked over England and Western Europe during the latter part of the Fourteenth century and cut the size of the population to about half.

Frightful as it was, the plague resulted in definite economic gains for those who survived. Laborers were scarce; grain increased in price; villagers could pay money instead of service for use of the land; and workers could leave the overlords who oppressed them and seek employment elsewhere. The individual now had value in himself; he was free to go; he was no longer dependent upon his fellow villagers nor upon his lord. This mobility and independence were achieved, however, at the sacrifice of the protection, cooperation, loyalty, and other social values inherent in primary group life.

The Cottage System of Industry.—The great increase in trade following the discovery of America brought such demands for manufactured goods that the guild system broke

down and there developed what came to be known as the cottage system of industry. Men took work home to their cottages where whole families engaged in weaving, spinning, shoemaking, and other manual arts. The craft guilds lost their monopolies, and their concern for the welfare of their members practically disappeared. Business was good. Individual self-interest was rampant.

There was a leveling of status at this time. Printing had been discovered and education was spreading to the middle classes. The arts were flourishing; individual initiative and ability were rewarded.

Agrarian Changes.—One of the major causes for the rise of pauperism in England was the great agrarian revolution which followed the breakdown of feudalism. Farms were consolidated and tillable soil turned into pasture. Where two hundred men had farmed, two or three herdsmen cared for sheep. The demand for wool led to the enclosure of land by landowners, and the people lost the communal wood lots and pastures. Rich manufacturers also demanded land to give them status and political power. Dispossessed farmers became vagrants, wandering to the cities to look for employment or living by robbing the landowners.

Beginnings of English Poor Laws.—No exact date can be given for the beginnings of able-bodied pauperism in England, but it resulted from the great social changes which separated individuals from their primary groups. They did not know how to achieve security under the new social organizations and no help was given them. The first laws, such as the Statute of Labourers, in 1349, instead of helping in social adjustment, were largely repressive. They sought to control laborers in the interest of the landowners.

The Statute of 1388 is referred to as the beginning of the English Poor Law. In this law, for the first time, a distinction was made between the impotent and the able-bodied poor. Here, also, is the first indication of some appreciation of community responsibility for care of needy residents. The statute states that if a pauper's neighbors cannot care for him he must seek maintenance elsewhere in "the hundred"; he must not "wander out of his hundred, unless he carries a letter-patent with him."

The Act of 1536 marked a change from the repressive type of law which sought merely to control vagrancy and begging. It placed the responsibility on the parish for the care of the destitute, and made provision for compulsory assessments if voluntary contributions to the parish were not sufficient. Furthermore, this act recognized the fact that able-bodied men might not be able to secure employment, in requiring parishes to furnish work to able-bodied men in need.

Other laws were enacted requiring local authorities to build cottages on the common land of the community for the impotent poor, and the justices of peace in rural districts and the mayors of towns were empowered to tax "obstinate" persons who did not contribute willingly to the support of the poor.

The Act of 1576 gave the justices in every county the power to purchase or rent buildings to be used as houses of correction where work was to be provided for the unemployed, thus instituting the *work test* for paupers.

The Elizabethan Poor Law.—The English Poor Law of 1601, known as the Elizabethan Poor Law, was the pattern for many of our early welfare statutes, and traces of its terminology are found in legal provisions for the care of the destitute in some of our states. The features of the Elizabethan Poor Law most significant because of their effect on later welfare practices were:

1. Division of recipients of relief into three classes: the able-bodied, the incapacitated, and the children.
2. The work test, which provided for punishment in stocks or imprisonment for those who refused work.
3. The provision of almshouses for the "impotent" poor.
4. The apprenticing of dependent children.
5. The provision for taxation to support the costs of relief.
6. Provision for civil officers or overseers of the poor to be appointed by the justices of the peace.

This law remained the basis of English poor relief until 1834. The overseers of the poor were not paid, and gave little time or attention to the problems of caring for the poor. The cost of public charity mounted, and complaints were numerous that many received doles who did not need them.

A royal commission for the poor was appointed in the interest of the better administration of poor relief.

Settlement Act of 1662.—Because some parishes were wealthier and more generous, it was inevitable the poor should crowd into those localities. The Settlement Act of 1662 established legal residence as dependent on ownership of property, birth, or apprenticeship. Under this act anyone could be removed from a parish in which he did not belong within forty days of his coming into the new community. To the justice of peace was given the responsibility of deciding whether or not the newcomer was dependent or likely to become so. This effort to restrict the mobility of populations worked to the advantage of employers and landowners but increased unemployment and dependency.

The Rise of the Workhouse.—The increased cost of relief led to various expedients to reduce it, such as registering the poor and closer scrutiny of applicants' claims. The cost continued high, however. When the workhouse, established in Bristol in 1697 by act of Parliament, was reported to have the means of greatly reducing the cost of caring for the poor, other parishes set up workhouses. This Act of 1697 became famous for its *workhouse test*. In addition to the evils arising from enforced labor within the workhouse, greater evils resulted from the permission granted authorities to *farm out* the poor under contract.

The Gilbert Act of 1782.—Some notable changes in administration of poor relief were included in the Gilbert Act of 1782. It abolished the farming out system; it permitted parishes to unite in the maintenance of workhouses and in outdoor relief of the poor in order to reduce the cost of administering relief; and for the first time provision was made for the payment of officers of the poor, now called *guardians*, who were in charge of both institutional and outdoor relief. The justices of peace were given the responsibility of appointing the guardians and supervising their work. This was not mandatory, however, and the responsibility was not widely assumed.

The most remarkable provision of the Gilbert Act was the establishment of the *allowance system* which introduced wage subsidies for the able-bodied poor. Only the old,

mothers of illegitimate children, and children not able to work were to be placed in almshouses. Employment was to be found for the able-bodied poor near their homes and their wages collected by the guardians of the poor; and from public funds such poor would be paid an adequate amount for living, regardless of the amount of wages paid for their work.

Act of 1796.—In 1796 an Act of Parliament provided definitely for the supplementation of the wages of the able-bodied poor when such wages were found to be inadequate. This act also abolished the workhouse test.

Inevitably, there followed great decrease in the wages paid to workers by private employers and a tremendous rise in the cost of relief and in the number of poor aided. In the thirty-five years which followed, the cost of relief trebled, but this law was not the only factor involved. The Napoleonic Wars had ended, the industrial revolution was under way, and rapidly changing social and economic conditions deprived great numbers of workers of their customary security.

Poor Law of 1834.—The outstanding provision of the Poor Law of 1834 was the *less eligibility* clause requiring that no pauper receiving public assistance was to receive aid of any kind greater than that possessed by the least of the employed or "those subsisting on the fruits of their own industry."

In this law the workhouse test was renewed and outdoor relief was given to able-bodied persons only under extraordinary circumstances. The administration of this law was put in the hands of a central board of three poor-law commissioners who were given extensive powers over local authorities and the assistance of auditors and inspectors to enforce regulations. The country was divided into poor districts which superseded parishes as units of administration. The enforcement of the law proved largely repressive, for the commissioners felt the workhouses should not be used for curative purposes. A minimum of physical care was provided; the paupers were kept long hours at monotonous work, and no provision was made for their comfort or recreation.

Cooperatives.—In all national planning for social welfare there are inevitable difficulties in administration which produce injustices in individual cases. Furthermore, the size of relief appropriations required puts a burden on taxpayers which they continually challenge, and decreased appropriations and diversion of welfare funds occur in national emergencies. As a result there is always a constant measure of uncertainty undermining the permanent security sought. Of great importance, therefore, are the self-help movements among working people who cooperate to think through and solve their own economic problems.

No picture of the development of social welfare in Great Britain in the nineteenth century is complete without reference to the Rochdale experiment of 1844 which marked the beginning of the cooperative movement. At that time there were in the town of Rochdale, in the Lancashire mill section of England, 1,500 people living on 45 cents a week, and even this small amount was rendered less valuable because merchants sanded their sugar and sold them rotted cloth and flour and oatmeal which contained dirt and vermin. The workers had appealed in vain to the millowners for more pay and to the merchants for better goods. In desperation, 28 half-starved workers including one woman, Ann Tweedale, and a few social reformers, organized in 1844 the Rochdale Society of Equitable Pioneers to buy clean food and decent clothes for themselves and others. With 28 pounds they rented a room for a store, and bought flour, butter, sugar, and oatmeal to sell to their members and to others who would buy. In the very first quarter of operation the store made a profit and declared a dividend. Thirteen years later the society was selling \$100,000 worth of goods a year. This marked the beginning of the Consumer Cooperative movement, which today is world-wide and does an annual business in the hundreds of millions of dollars. It covers all needs of members, including loan banks and social insurance.

The Rochdale principles which are believed the reason for the great success of the cooperative movement, are:

1. Charging market prices for goods.
2. Operating on a strictly cash basis.

3. Rebating profits in proportion to purchases but inducing members to leave their profits in the business at 5 per cent interest.
4. One vote per member (regardless of number of shares of stock owned).
5. The setting aside of 2½ per cent of all profits as an educational fund to spread the idea of Cooperatives.

While from its beginning in the Rochdale Society of Equitable Pioneers the cooperative movement has gone steadily forward in Great Britain and, likewise, in the United States, its greatest development has taken place in Sweden, Finland, and Denmark.

Late Nineteenth century Developments.—In 1847 the poor-law commissioners were abolished and their duties transferred to a poor-law board which functioned under a minister responsible to Parliament. In 1871 the task of caring for the poor was again transferred from the poor-law board to a new local government board. Important provisions in the poor laws of this period were:

1. Change in Settlement law to make residence legal after one year's living within a poor-law union.
2. Protective care of special groups of the poor, including the sick, infirm, insane, feeble-minded, blind, and children.
3. Boarding out for dependent children under a plan similar to that used today by child-placing agencies.
4. Establishment of institutions for the care of the feeble-minded and insane, and hospitals, dispensaries, and infirmaries for the care of the sick.

A Royal Commission on Poor Laws was appointed to study the whole question of public relief and the functioning of the poor laws. The investigation and study of this commission culminated in 1909 in a majority and a minority report which are both important in the development of modern social services. The majority report held that the board of guardians of the poor were "delinquent in the performance of their duties," and recommended changes in administrative procedures but favored retaining deterrent forms of relief and the maintenance of workhouses and detention colonies. The minority report, presented by Mrs. Sidney Webb, called for a repeal of all poor laws and the

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provision of specialized social services, such as health, education, and employment, under separate and distinct authorities to be made available to members of all social and economic classes.

While the members of the Royal Commission on Poor Laws were divided in their thinking on many features of the poor laws, they were unanimous in agreeing that:

1. Methods of dealing with the unemployed should be radically changed.
2. A national system of labor exchanges should be set up.
3. Unemployment insurance subsidized by the state should be established.

Thus the reports of the Royal Commission on Poor Laws serve to close the nineteenth century period of poor law administration and to indicate the trend toward the social planning of the future.¹

QUESTIONS FOR DISCUSSION

1. Why was there no organized relief in the early village life?
2. What social organizations played an important part in the early history of charity in Great Britain?
3. What catastrophe resulted in separation of laborers from the protection of primary group life?
4. What were some of the causes of the rise of pauperism in England?
5. Give significant features of the Elizabethan Poor Law of 1601. Why is this law considered important?
6. What was the reason for the establishment in 1697 of the first workhouse?
7. Describe the "allowance system" set up under the Gilbert Act of 1782.
8. Give the provisions of the Poor Law of 1834.
9. State the Rochdale principles.
10. How did the majority and minority reports in 1909 of the Royal Commission on Poor Laws differ, and in what did they agree?

¹ For twentieth century developments in social planning in Great Britain, see Appendix, p. 209.

ACTIVITIES

1. A round-table discussion of phases of primary group behavior, such as cooperation, interdependence, control, rewards, individual enterprise, etc.
2. Have students report on Consumer Cooperatives known to them.

SELECTED READINGS

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Unit II

DEVELOPMENT OF SOCIAL CASE WORK

Chapters 2, 3, and 4

CHAPTER 2

FROM FRIENDLY VISITING TO SOCIAL DIAGNOSIS

FROM the days of benevolent concern when free meals were called feasts of charity and rum was believed to be the root of all poverty, the gradual development of social case work extends over a period of sixty-five years to the present day of organized welfare agencies employing scientific methods in rendering social services.

Antecedents in Hamburg and Elberfeld Systems.—The first noteworthy attempts to organize society's efforts on behalf of the poor were in northern Germany in the early part of the eighteenth century. The town of Hamburg at that time was overrun with vagrant beggars who had been lured there by rumors of the liberality of Hamburg's rich citizens; distressing conditions were aggravated by a severe plague which swept the country. Problems were such that the well-being of all the people was threatened, and the prompt alleviation which was imperative could not be left to the benevolent impulses of individuals or the charity of the churches. Therefore the town of Hamburg took over the care of the poor in its midst.

The provisions of the Hamburg plan included:

1. A central bureau for the management and supervision of all charitable agencies to prevent duplication of effort and indiscriminate almsgiving.

2. The division of the town into small districts, each in charge of an interested group of citizens whose unpaid duty it was to investigate personally all cases of need to discover the deserving and to rebuke the undeserving.
3. Acceptance of the obligation to provide work for the unemployed.
4. Requirement that all able-bodied poor must work.
5. The setting up of industrial training classes for paupers to give them skills for self-support.

As the plan developed and the numbers of poor were reduced, other welfare measures were put into effect, such as loan funds, infant schools, and lodgings for transients. At first the funds for the program were received from both public and private sources, but soon entirely from public resources.

While systems of relief in other cities were influenced by the Hamburg plan, no one of them improved upon the plan as did the town of Elberfeld.

Although it had been operating under a modification of the Hamburg plan for about fifty years, in 1853 Elberfeld reorganized its system of public relief. The machinery of administration was simplified and the number of visitors, called *Armenpflegers*, was increased so that no one of them had more than four needy families under his care. *Armenpflegers* received applications directly from the poor in their districts and were required to visit each family at least once every two weeks. The *Armenpflegers* were also instructed to act in a friendly capacity as well as to investigate needs and assist by giving counsel, finding employment, and securing medical aid. An innovation was an arrangement for supervision of the work of the *Armenpflegers* through conferences of groups of these visitors. The *Armenpflegers* were also required to report fortnightly to an overseer. Verification of information given by applicants for relief was required, records were kept of findings, and all decisions were reviewed by a central committee.

While the Hamburg and Elberfeld systems of poor relief undoubtedly influenced the English pioneers in charity-organization work, there were official features to these systems which were not acceptable to English social workers, such

as the police power vested in the visitors and the exhaustive questionnaires which the applicants for aid were required to answer.

Beginning of Organized Charity in England.—The impetus toward organization of charitable efforts in England came from aroused citizens and not from local governments. In 1796 Thomas Bernard, assisted by the Bishop of Durham, founded, in London, the Society for Bettering the Condition and Increasing the Comforts of the Poor. Its purpose was to inquire into all the problems of the poor and work intelligently for their happiness. Other similar societies were formed, such as the London Mendicancy Society in 1805. In 1870 the London Charity Organization Society came into being, for the purpose of "the diminution of poverty and pauperism by cooperation of benevolent forces and the diffusion of knowledge touching charity and benevolence."

There were many social factors contributing to the rise of the charity organization society movement in England. Following the Civil War in America, cotton manufacturies and other industries dependent on raw materials from America were in a state of depression and disorganization. Unemployment swelled the lists of the poor. The inadequacies and abuses under the poor laws were numerous. The workhouses were operated with apparent intent to make the condition of the poor inmates as uncomfortable and unhappy as possible. The numbers of needy and destitute steadily increased, despite the large sums spent for relief by the government and by private philanthropy, and there were evidences of misappropriation of funds and duplication of services.

English Leaders in Charity Organization.—The caliber of the leaders in the charity organization movement in England had an important bearing on the character of the movement. Charles Kingsley, John Ruskin, Dr. Thomas Arnold, Charles Bosanquet, Cardinal Newman, and William E. Gladstone were all actively interested in social reform and particularly in the development of more intelligent ways of caring for the socially unfortunate. At the universities of Cambridge, Oxford, and London various social plans and projects for the better care of the poor were studied and discussed.

Octavia Hill (1838-1912)—Pioneer Social Worker.—One of the best known pioneers in the development of organized charity in England was Octavia Hill, whose philosophy and work have had a far-reaching effect on welfare thinking and planning. Some of her statements, such as "not alms but a friend," and "It is not enough that what we do is benevolent, we must ascertain that it is really beneficent too," are classic in American social work. Her most notable achievement, perhaps, was her housing venture for the poor which she made self-supporting. Aided by John Ruskin, she purchased condemned houses in the slums of London, remodeled and rebuilt them to make them fit to live in, and then rented them for sums which the poor could afford to pay. She was a firm believer in schemes which provided ways for the poor to better their own condition. She was opposed to impersonal grants of relief as she felt that the giving of money dissociated from the sympathy and counsel of the giver was harmful to the recipient.

Principles of Early London Charity Organization Society.—The principles of the early London Charity Organization Society which affected American developments in organized charity were:

1. The coordination of relief-giving agencies to prevent duplication of effort and overlapping of services.
2. The substitution of friendly counsel, assistance in securing employment, medical aid, and other services for monetary relief.
3. The individualization of causes of poverty.
4. Continuation of the principles of *less eligibility*, that nothing should be done for the poor which would make their lot better than that of the poorest laborer who provided for his own needs.
5. Persistence of the belief that the righteous prospered and that the poor were somehow to blame for their own poverty.

Welfare Efforts in Mid-nineteenth Century America.—In the mid-nineteenth century social changes had produced stark poverty and wretched living conditions in the eastern part of the United States. Immigrants from Europe, seeking improved conditions and greater opportunities in the New World, camped like weary armies in New York and other

eastern-shore cities. There were no facilities for moving them inland where they might be employed and assimilated. Hunger, sickness, crowded living conditions, bad sanitation, flagrant begging, and human degeneracy were everywhere in evidence.

Public relief was far from adequate and the many relief societies which sprang into existence, as well as large private benevolences, did not succeed in diminishing the number of paupers. Professional beggars were the most persistent claimants for aid, individual ones receiving help from as many as nine agencies at the same time. The less aggressive poor who were considered the more *deserving* received little or no relief.

Thinking citizens and intelligent philanthropists were aroused to the need for efforts to coordinate the work of all welfare agencies in the interest of economy and better services to the poor.

The nearest approximation to coordination of charities at the time was the opening of the Chardon Street Building in Boston to house all welfare agencies in the city. Its erection was made possible in 1869 by funds supplied jointly by the city and individual contributors. The hope was that by housing all welfare agencies under one roof cooperation could be secured. The hoped for coordination did not take place, however.

In 1874 an association employing visitors to investigate applications for aid was formed in Germantown, suburb of Philadelphia. Its work was principally putting applicants in touch with services, such as soup kitchens, fuel societies, churches, and municipal relief. Occasionally it supplemented the aid given by other agencies.

In 1874, also, a bureau of charities was organized in New York to coordinate welfare activities in that city, but it was frustrated in its purpose because charitable agencies refused to cooperate.

In 1875 the Cooperative Society of Visitors Among the Poor was formed in Boston. Its plan was a modification of the Elberfeld system and was similar to that proposed by Octavia Hill for London. Of interest to present-day social workers with case loads in the hundreds is the provision

of this society that no visitor have more than four cases in hand.

In 1877 Buffalo, New York, organized the first Charity Organization Society in the United States.

CHARITY ORGANIZATION SOCIETY PROCEDURES

The early charity organization societies in this country believed certain duties were implicit in any scientific plan of administering relief. The duties were (1) registration, (2) investigation, (3) recording, (4) district plans, (5) referral, (6) provident schemes, (7) some relief giving, and (8) friendly visiting.

Registration.—Registration was established to avoid duplication and overlapping of relief and to prevent fraud. Each cooperating agency was asked to fill out a card for each case it was assisting. These cards were brought together and filed in the central office of the society. The file on any one family contained detailed information about its members, and was at first available to any interested individual or society. Later, when greater respect developed for the confidential nature of much of this information, only objective facts were kept in the central file, confidential information remaining with the agency serving the family. This plan of registration is the prototype of our modern social service exchange.

Investigation.—Like registration, investigation was one of the primary functions of the early welfare societies. Statements such as the following, found in the *Proceedings of the 1893 National Conference of Charities and Correction*, indicate the attitude of social workers at the time toward these procedures:

Registration and investigation form a sieve that separates with a practical justice, cases entitled by misfortunes to material relief from those who would pervert such aid to the prolongation of self-ruinous habits, but even then it does not remove from humane care those who are technically called "undeserving" . . . information accumulated by them (registration and investigation) not only lays bare the false address, the professional beggar, and the slum degraded debauchee, but, on the other hand, it main-

tains the cause of the upright poor, and supplies their credentials to sympathy and help.¹

Investigation was carried out by paid agents, investigators, who until the beginning of the twentieth century were supposed to be rendering an essentially different form of service from that of the friendly visitors. These investigators were believed to be well informed about methods and were employed also to instruct and train the friendly visitors, all of whom in the early days were volunteers.

Recording.—From the beginning of interest in organized social work, some attempts were made at recording the information secured about cases. At first these records were kept in public files of the registration office. In 1874, the National Conference of Charities and Correction was concerned with the kind of information to be secured by charitable agencies. An outline for agency use recommended securing such data as the following:

1. Kinds of mental and moral perversion.
2. Descriptions of morbid and debasing conditions of mind.
3. The point at which neglect of social and moral duties commenced.
4. Information regarding the totally idiotic or weak-minded in three generations (living and dead).
5. Total inebriates in three generations (living and dead).
6. Report on the person's willingness to submit to the needed direction and supervisory care.²

Under the COS (Charity Organization Society) plan, case recording was essentially a part of the system of registration. The purpose of recording, as in registration, was to protect funds and insure just distribution of relief. The records served as testimonials in the paupers' claims to assistance.

District Plans.—From the start of the COS movement the values in districting the area to be served were realized. Cities were divided into districts, each in charge of a district superintendent or secretary, with one or two paid assistants.

¹ Kellogg, Charles D., "Charity Organization in the United States," *Proceedings of the National Conference of Charities and Correction*, 1893, p. 73.

² "Conference of Boards of Public Charities," *Proceedings of the First Conference of Charities and Correction*, 1874, pp. 34-35.

Such a plan provided neighborhood offices where the needy could apply for relief. The district secretary, having a smaller area to serve, could become better acquainted with conditions, resources, and the poor themselves. In the small administrative units social workers were able to maintain a spirit of friendliness and a neighborly attitude toward applicants and their problems and to cooperate more closely with fellow workers and community resources.

The districting plan aided also in securing and keeping the interest of volunteer friendly visitors who were essential to the early COS program.

An important development in the districting plan was the district case committee which held frequent conferences on cases. The primary purpose of such case conferences was to bring together regularly a small number of representative individuals to discuss and confer about plans for cases in which they were interested or which presented particularly difficult problems.

Referral.—An accepted function of the charity organization societies was acting as a clearinghouse of welfare information. Each social worker was expected to keep fully informed about all social resources and the kind of aid rendered by each. Applicants for relief were referred to hospitals, clinics, recreation centers, day nurseries, soup kitchens, and other services, as their needs indicated.

Some societies believed referral to be their chief function and did not give relief of any kind; others, and the larger number of them, generally gave relief from their own funds when necessary.

Provident Schemes.—In keeping with their philosophy of rendering service wherever possible rather than giving relief, and probably, too, because social resources were not plentiful in those days, the early charity organization societies were concerned with what were called *provident schemes*. Lodging houses for homeless men, provident-loan funds, wood-yards to provide work, day nurseries and kindergartens to take care of the children of working women, legal-aid bureaus, and working-girl leagues were established. Committees were formed to study the special problems and to work out remedial measures for the tuberculous,

juvenile delinquents, dependent children, and other groups. The work of these committees was subsequently incorporated into enabling legislation for the establishment of specialized social services.

The intrepid spirit of the early social workers is nowhere more clearly evidenced than in their development of social resources to meet the problems they encountered. They converted indifferent and antagonistic public opinion to cooperative endeavor. They developed new methods of publicity, educating the public to the need for constructive charity, and conducted campaigns to raise the money for their own programs. All this they accomplished while attending to their primary business of caring for the needy.

Relief Giving.—While the original plan of the London Charity Organization Society was to divorce actual distribution of relief from its welfare work, such separation was discarded by most of the American charity organization societies. Some of them became just relief-giving agencies. Others, dominated by the desire to give other services before resorting to relief, were severely criticized as uncharitable. Eventually they too adopted the practice of caring for obvious relief needs before giving other services, not only because of the criticism but because experience proved that hungry applicants for relief were impervious to the character-building efforts of the friendliest of friendly visitors.

Friendly Visiting.—In the development of friendly visiting we find the seed of the development of social case work as a profession. In the *Proceedings of the 1878 National Conference of Charities and Correction* is recorded the organization of visitors of the poor on a voluntary basis. In New York an offer was made by several prominent citizens, including Theodore Roosevelt, to provide an organized system of voluntary visitation which would undertake to check and report upon the worthiness of applicants for city relief. The intention was to assist and supplement the work of paid officials, but official investigators were not employed until some years later and the whole burden of visiting and checking on the worthiness of the poor fell upon the volunteers.

The objectives of these friendly visitors, as set forth in

a body of resolutions, were to obtain for the worthy their proper share of city relief, to detect the unworthy, and to aid the deserving through intelligent sympathy and by putting them in touch with the proper agencies of relief.

In the 1887 *Proceedings of the National Conference of Charities and Correction*, friendly visiting is defined as "an agency of social reform, to which we look for the elevation of the poor and ignorant."³

Friendly visiting assumed increasing importance in the COS movement as the social workers discovered they could not treat all poor people as though their needs had a common cause any more than a doctor could treat all sick people as though they had a common disease.

In 1889, at the National Conference of Charities and Correction, social workers were discussing "scientific charity," and we read the following in one of the conference papers of that year:

Our army of poor is made up of individuals, and must be met by individual knowledge and help . . . human nature is far too subtle a thing to be investigated in one or two interviews . . . to understand character and the difficulties of getting on in life is a task that must require a personal knowledge and discrimination which can only grow out of intercourse akin to friendship.⁴

Friendly visiting continued to be considered an important factor in "scientific charity." Mary E. Richmond, American pioneer social-work leader, gave a paper entitled "Friendly Visiting," at the National Conference of Charities and Correction in 1907. Much time and thought was given by COS workers to ways of securing and keeping volunteer visitors and to methods of training them. Gradually, however, these friendly visitors were relegated to a less important place until in some agencies friendly visiting was countenanced simply as a way of acquainting contributors to the funds of the agency with the work of the agency. As helpful knowledge and skills from developments

³ Putnam, Mary C., "Friendly Visiting," *Proceedings of the National Conference of Charities and Correction*, 1887, p. 149.

⁴ Evans, Mrs. Glendower, "Scientific Charity," *Proceedings of the National Conference of Charities and Correction*, 1889, p. 24.

in the fields of sociology, psychology, medicine, psychiatry, and education were acquired by social workers, social case work practice became more truly scientific. Some welfare agencies, however, still operate on the friendly visiting level of case-work practice.

Training of Social Workers Initiated by COS.—An additional obligation undertaken, for which the Charity Organization Society movement deserves credit, was the initiation of training for social workers. In 1897, Mary E. Richmond presented a paper at the National Conference of Charities and Correction, entitled, "The Need of a Training School in Applied Philanthropy." The following year the Charity Organization Society of New York had a summer institute called "A Class on Philanthropic Work." This was repeated for two summers and the title changed to "Summer School on Philanthropic Work." In 1904 the institute developed into the nine months' course of the New York School of Philanthropy which later became the New York School of Social Work.

Development of Professional Schools.—Thirty-eight schools of social work have been established since 1904. These schools cooperate as members of the American Association of Schools of Social Work and are now on the graduate level. Other professional schools of social work are being launched in connection with state and land-grant colleges and private universities.

Visitors-in-Training.—Concurrently with the development of professional schools of social work, many workers were trained on the job by supervisors in the charity organization societies. *Visitors-in-training*, as they were called, served from one to two years as apprentices, receiving instruction in social case-work methods from experienced social workers. This instruction consisted largely of analysis of cases assigned to the visitors and training in use of resources, methods of investigation, diagnosis, and treatment. This method of apprenticeship training of social case workers was effective when the worker had a foundation of broad general education and the supervisor was qualified to instruct.

CONCLUSIONS

As we look at the development of organized charity from 1877 to the publication of Mary E. Richmond's *Social Diagnosis*, in 1917, we see social case work emerging as a practice but without professional formulations or a clarified body of developed techniques. While individualizing the unit of need, social workers saw causes of poverty in terms of heredity, rum, or moral degeneracy. They conceived their duty to be humanitarian concern for poor people during the interim between discovery of the causes of their poverty and the removal of those causes.

When there was a shift to belief in constitutional causes of social maladjustment, brought about by the wider study of eugenics and psychology, there was still no evidence of realization by social workers that social case work was a unique profession.

Following the provident schemes of the COS movement, social workers were concerned with fields of social case work. Child welfare agencies, family welfare societies, medical social work, and psychiatric social work became highly particularized fields of service, with little appreciation on the part of social workers generally that these were but specializations in the generic field of social case-work practice, related to it much as pediatrics is to the field of medicine.

With the publication of Mary E. Richmond's *Social Diagnosis*, in 1917, it became apparent that a scientific method of social case-work practice had been slowly developing. In the forty years of its emergence, however, much of value was undoubtedly lost and professional development delayed because the many social workers who were evolving techniques contributed little to professional literature from their thinking and experience.

Social Diagnosis an Important Milestone.—Mary E. Richmond's *Social Diagnosis* auspiciously marks the beginning of a new period in charity organization and it represents an important phase in the development of social case work as a profession.

QUESTIONS FOR DISCUSSION

1. What were the provisions of the Hamburg plan for care of the poor?
2. Give the duties of the *Armenpflegers* under the Elberfeld relief system of 1853.
3. What social conditions gave rise to the forming of the London Charity Organization Society in 1870?
4. Name some of the early leaders in organized charity work in England.
5. What were the principles of the early London Charity Organization Society?
6. Name procedures generally employed by charity organization societies in the United States and explain the purpose of each.
7. What were the avowed objectives of the first friendly visitors?
8. When and where was the first school of social work established?
9. What were visitors-in-training?

ACTIVITIES

1. Have each student select, from one volume of the *Proceedings of the National Conference of Charities and Correction* (1874-1900) one conference paper and report on it.
2. Arrange a panel discussion on the subject of friendly visiting.

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CHAPTER 3

THROUGH INDIVIDUAL THERAPY TO MASS RELIEF

IN THE development of social case work it is inevitable that emphases should shift with social changes, since social work is a service for people whose lives are affected greatly by those changes.

The aims of social case work, as well as the form and method of its services, are not fixed or final. Therefore, experimentation and analyses of practices in the light of social developments are the obligations of social workers in professional performance.

It is difficult to determine exactly when important changes in the objectives and the techniques of social case work took place since changes came about gradually and unevenly.

Social Diagnosis.—The year 1917 is important in social case work history for the publication of *Social Diagnosis*, by Mary E. Richmond, and also for the emergence of evidence of the influence of psychology and psychiatry on the practice of social case work.

Social Diagnosis has been referred to as a sociological approach to social case work and criticism has been made of its failure to take into account psychological concepts which were beginning to affect social case work practice. It is, however, a faithful history of a practice based on forty years of experience. To criticize it is to criticize the period. The purpose of the book is simply to pass on to young people coming into the field an explanation of methods found useful.

Methods evolved for securing information and weighing evidence, and the techniques employed in interpretation and diagnosis are stressed in *Social Diagnosis*. Treatment, apparently, in the author's experience, was always in terms of concrete material service, such as monetary aid, moving a client to better living quarters, or providing him with medi-

cal care; the important thing was to discover or diagnose the client's need and then endeavor to supply it.

The functions of the early charity organization societies are emphasized by Miss Richmond, including registration, investigation, recording, referral, and development of social resources. Early social workers were put under great pressure to secure complete, detailed information regarding clients' resources, past history, and present condition.

The two pages of the book devoted to *methods of approach* consist largely of exhortations to be sincere, direct, frank, and impersonal. Analysis of the reasons for these attitudes in approach was probably not felt to be necessary. Social work twenty-five years ago was undertaken by individuals among whom a courteous consideration for the feelings of unfortunate people was customary. Implicit in the relationship between social worker and client was the traditional concept of the more privileged doing for the poor in a sincere and gracious but somewhat condescending manner.

Social Diagnosis gives a picture of an interesting period in social work development, but it was published on the eve of a great social upheaval and of radical changes in the field and practice of social case work.

1917-1919 Welfare Problems.—Directly and indirectly the World War of 1914-1918 had far-reaching effects on social case work practice. It called for a reorientation in philosophy and method, and the assumption of care of the children and widows of war victims, the rehabilitation of returned soldiers, and service to the unemployed following the collapse of war industries.

The families of soldiers were not of the pauper class but were anyone's neighbors or relatives; their greatest need was guidance. The returned soldiers did not find adjustment to peacetime life easy. Many could not fit into their old employment or readjust to the burdens of family life and others came back crippled and required skilled care and re-education. The non-combatants who had earned good salaries in boom industries found it hard to adjust to postwar conditions.

These and other social problems of the World War years called for an understanding of the importance of attitudes and behavior in the social adjustment of individuals.

Individual Therapy.—In the period from 1919 to 1930 social case workers were interested in the application of psychological principles to problems of individual adjustment. They were concerned with the hidden mechanisms of attitude and motivation and less interested in environmental situations. In effect they retreated from social and economic problems confronting them. The individual in need was judged to be out of focus with opportunities and possibilities for achievement, the underlying thinking being that anyone who functioned effectively as an individual could be self-sustaining. By bringing to the consciousness of a welfare client hidden reasons for his failure to function successfully or by assuming a role to enable a client to play out his hostilities or ambivalences, social case workers believed the client would be helped to a place where he could solve his own problems.

Private welfare agencies in those days had money for experimentation and for expensive psychiatric treatment of a few clients. Sympathy engendered by the tragedies of the war, and the prosperity of the last half of the decade brought generous contributions to welfare funds.

Psychiatric Social Work.—In keeping with this trend of psychological emphasis in social case work, schools of social work became increasingly concerned with the personal development of their students, particularly as to their attitudes toward themselves and toward welfare clients, and with the unconscious mechanisms of a social worker's thinking which might operate against a client struggling to make his personality effective in our competitive society. The problems of technique and method in the professional performance of social case work were often considered of less importance.

In 1918 the Smith College School of Social Work set up a special program of training for psychiatric social work, and other professional schools of social work added courses in psychiatric social work.

An unexpected result from this new psychological emphasis, was a democratizing of case work practice. In examining their own attitudes and behavior, social workers discovered that many of the problems of living and adjustment in society are the same for all of us and are environment

centered. This clarification refocused attention on the social and economic problems which exercise important control on the possibility of individual effectiveness.

Sociology, psychology, and psychiatry all influenced this phase in the development of social case work. There were at times sharp differences, of course, between social workers who felt that modifications of the methods set forth in *Social Diagnosis* were adequate for the needs of the time and those who championed psychotherapeutic methods. However, the tolerance, sensitivity, and objectivity of social case workers generally were increased and methods of relationship treatment were developed which proved invaluable in the hectic days of emergency relief which followed.

In 1930 Virginia P. Robinson wrote *A Changing Psychology in Social Case Work*, which covers some of the important changes in social case work philosophy and methods since the publication of *Social Diagnosis*. She defines social case work as individual therapy through a treatment relationship and expresses the prophecy that case work will be accepted, in the future, as individual therapy rather than social welfare. Like *Social Diagnosis*, however, Miss Robinson's volume enunciated the principles of a stage in social case work development on the eve of tremendous social changes which were again to modify trends and practices in the profession of social work.

Mass Relief.—Few foresaw the extent of the social changes of the decade from 1930 to 1940. Certainly to social case workers engrossed in individual therapy through relationship treatment the kaleidoscopic changes in the area and form of social services were startling.

The economic debacle of 1929 directed attention to the insecure foundation of our postwar prosperity. Rural areas had suffered from economic depression some years before. According to a Federal report,¹ by April, 1938, there were 6,400,000 households of some twenty million or more persons receiving public aid of some sort, at a total cost to the Federal government of \$241,031,000 for that one month of April.

Responsibility for a large share of the administration of

¹ *Social Security Bulletin*, Vol. I, No. 6, June, 1938, p. 3.

this public relief was entrusted to social workers. The majority of social workers had been trained in private agencies, and the number of trained workers was limited. Before 1929 the demand for trained social case workers had always exceeded the supply.

Procedures and techniques of social service which had been perfected in the sheltered private agencies with relatively adequate funds for the care of their clients, had to be adjusted and changed to serve the needs of the 20,000,000 people on minimum relief.

During the early days of the depression, when the situation was considered an emergency one only, private agencies endeavored to handle the relief problem aided by grants of public funds, but, understandably, they proved unequal to the great tasks involved.

The FERA.—Under the Federal Emergency Relief Administration program, welfare offices were set up in all the states. Where available, trained social workers were secured to head state administration and supervision, but the number of trained social case workers was not sufficient to meet the demand. It was assumed by the public, and ostensibly by the Federal government, that the administration of the Federal welfare program was in the hands of trained social workers. When the administration of relief bogged down or was offensive to the community for some reason, the profession of social work was blamed. As a matter of fact the majority of the workers who administered the emergency relief program were not trained social workers; but unfortunately for the profession these workers were given the title of social worker whether trained in social work or not.

The character of the administration of the emergency relief program in any area depended, of course, upon the previous training of the social workers in charge. As a result, what was called social work involved everything and anything, including the friendly visiting of the gay nineties, rigid official registration and investigation, careful gathering of evidence and social diagnosis, and in some cases attempts at individual therapy on a relationship basis. If a cross section of what was called social work could have been taken in 1935, it would have made an interesting museum piece.

However, as social scientists and social workers came to the realization that the situation was not an emergency one, but that present social problems were the result of definite social trends and technological developments, efforts were made to clarify the philosophy and methodology of social case work practice, to standardize training of social workers, and to formulate requirements of professional practice.

The American Association of Social Workers emphasized professional criteria; the American Public Welfare Association interpreted procedures and offered leadership; the American Association of Schools of Social Work coordinated programs of training; the *Survey Graphic* and the *Survey Midmonthly* were competently on the job to aid in examination and analysis of the social work scene; organizations such as the Russell Sage Foundation, the National Conference of Social Work, the Family Welfare Association of America, and the American Red Cross gave assistance and promoted research.

Psychiatric social workers who were not drafted for public welfare service remained with private agencies and concentrated on dealing with special cases which lent themselves to relationship treatment. Such workers saw case work as too refined and individual a practice for the public welfare agency.

Social workers in the government welfare programs became sensitive about the work they were doing and, bewildered by the volume of their tasks, at first denied that they would attempt social case work. With the easing of the stress of their insecure status through the establishment of civil service tenure, public welfare workers are now taking their place in the social case work picture. They are making adaptations of methods and procedures, evaluating their own experiences, and working toward a satisfying integration of principles and practice.

In 1936 and 1937, social work literature was concerned with the need for reconciling the various conceptions of social case work. We read that social case work is a happy fusion of the theories of individual therapy and mass treatment of social reform; we are told it is an interplay between the two. In reality the concept is taking hold that social case

work must avail itself of the latest and best knowledge from whatever field or source.

It is clear to thinking social workers today that social case work must be redefined in terms of the present social situation and human needs, not so much from the standpoint of the case method alone, which is not unique with social work, but in terms of philosophy, objectives, and function.

QUESTIONS FOR DISCUSSION

1. Why is 1917 an important date in the history of social case work?
2. What were the effects of the World War of 1914-1918 on social work practice?
3. What constituted social case work treatment according to Mary E. Richmond's *Social Diagnosis*?
4. Explain individual therapy through a treatment relationship, as presented by Virginia P. Robinson in her book *A Changing Psychology in Social Case Work*.
5. What brought about democratizing of social case work practice?
6. How did the size and character of the FERA program affect the practice of social work?
7. Name two organizations concerned with professional standards in the practice of social work.

ACTIVITIES

1. Have students look up the requirements for membership in the American Association of Social Workers, and compare these with membership requirements in other professional societies.
2. Have students report on current periodicals in the field of social work.

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CHAPTER 4

AS SEEN THROUGH DEFINITIONS, 1874-1940

SINCE 1874 social work leaders have undertaken from time to time to define social case work. In no better way can we get a picture of the changing concepts in the development of social case work than by reviewing these definitions.

The *Proceedings of the National Conference of Social Work*, until 1917 the National Conference of Charities and Correction, are the most fruitful source of such formulations since the leaders in the profession of social work always have been well represented at the national conferences. Definitions of social case work are also found in a number of books on social work, such as Mary E. Richmond's *Social Diagnosis*, and her *What is Social Case Work?* in magazine articles, in the Milford Conference report, and in the issues of the *Social Work Year Book*.

House Visitation.—In the *Proceedings of the First Conference of Charities and Correction*, held in 1874, the following recommendation is made:

Great care . . . should be taken in distributing benefactions that they only be given after careful house visitation. To call the poor to a public office, to clothe, feed, and help them, is to offer a bounty to pauperism. . . . The proper course is for the fortunate classes to district the poor classes, and visit carefully from house to house, finding those who are the truly deserving recipients for charity. (pp 23)¹

The duties of these house visitors were to secure information regarding neglect of moral and social obligations, mental or moral perversion, morbid or debased states of mind, and personal and hereditary causes which admit of statement.

1874 was the year of soup-kitchen charity, when it was

¹ Unless otherwise indicated, quotations are from the pages of the *Proceedings of the National Conference* of the year mentioned.

believed that rum was really at the bottom of all poverty and that every almshouse ought to be a workhouse.

Visitors of the Poor.—At the 1877 conference hereditary pauperism was the thing, and study of the Jukes had “established beyond dispute that heredity also transmits chronic constitutional affections, insanity, idiocy, disease, longevity, temperament, instinct and passion,” (p. 81) and visitors of the poor were urged to investigate carefully in order to restrain and prevent hereditary paupers from securing undeserved charity.

At the 1878 conference, report was made of a three-year trial of a plan for an organized system of voluntary visitation, which undertook to check and report on the worthiness of applicants for city relief. Thorough investigations and impartial reports were stressed, and systematic personal visitation of the poor in their own homes.

Friendly Visiting.—In the *Proceedings of the National Conference of 1886*, in a paper entitled “Individuality in the Work of Charity,” George B. Buzelle summarized the work of friendly visitors as,

by the individual . . . for the individual . . . Each case is a special case, demanding special diagnosis, keenest differentiation of features and most intense concentration of thought and effort. . . . we are bound always to respect the dignity with which he (the individual) is invested as a self-governing being. However efficient our service may be it is a service of help. It must not entrench upon the freedom or responsibility of our brother whom we would help. (pp. 187-188)

In 1887, Marian C. Putnam gave the following definition of friendly visiting:

. . . seeing and knowing people in their homes, and trying, by means of personal influence and practical suggestion, to improve their condition. Many persons agree in thinking this is a good method of helping the poorest and most ignorant classes. (p. 149)

Scientific Charity.—In 1889, Mrs. Glendower Evans, in a paper on “Scientific Charity,” presented thus her conception of social work:

. . . far from bidding us cease to give alms, only bids us not to give them when they will be harmful; it bids us pause, when possible, to consider what their effect will be; and it bids us try, along with alms, to give some better gift, which may by and by put the poor beyond their need. (p. 32)

and the following from the same paper was her view of the aim of charity: . . . by any and every means, charity must be an endeavor to raise the character, not simply to avert the painful consequences of lack of character. (p. 28)

Scanning the definitions thus far, we see that social workers up to the end of the nineteenth century were inclined to set themselves up as judges of the worthiness or unworthiness of the poor, with the responsibility theirs to withhold relief from those deemed unworthy; and that they believed themselves capable of radiating a sort of healing influence or sympathy. There is also apparent a condescension in attitude toward the brother whom they would help and toward the poor and ignorant whom friendly visiting would elevate.

TWENTIETH CENTURY

1905.—In 1905 occurred a coalescing of the functions of the investigators who were paid agents and the friendly visitors who were generally volunteers. In the *Proceedings of the National Conference of Charities and Correction* for that year, the purpose of social work investigation was defined by A. W. Gutridge:

The real purpose of investigation is to learn the nature of the disease in the family reported to be socially ailing and to discover the powers in it which may make for recovery. Whether or not material relief is needed is incidental; whether or not their lives conform to our standards of morality is incidental; the cure has to do with their personality in substantially all cases. (p. 360)

In this statement we have a new concept of social work emphasizing the importance of the "personality" of the family and their own recuperative powers.

1907.—Mary E. Richmond, in a paper on "Friendly Visiting," said:

By profession I am one who organizes remedial and preven-

tive measures for dealing with distress in families, and the friendly visitor is quite generally recognized among my colleagues as a useful means to that end. (p. 308)

1909.—One of the earliest papers, printed in the *Proceedings of the National Conference of Charities and Correction*, bearing in its title the words, "case work," was that of Mrs. Mary K. Simkhovitch, head resident of Greenwich House in New York city. In 1909, in her paper entitled "The Case Work Plan (or the Application of the C.O.S. Case Method to Families Above the Poverty Line)," she said:

The essential in case work is the attempt to raise the standard of living of the family in the given instance, or to keep the standard from still further falling, (p. 138)

and she defined COS case treatment as: "individual work but dealing with social causes." (p. 138)

Mrs. Simkhovitch had proposed a plan to a charitable society to place a case work agent at Greenwich House to do friendly visiting with nondependent groups in the interest of individual preventive work among nondependent families (p. 142), but the idea was too new to be accepted then. The current philosophy was that case work should be reserved for dependent families only.

From 1909 on, the term "case work" came to be generally accepted for social work in which the case-study method was used.

1911.—Porter R. Lee, in presenting the report of the Conference Committee on Families and Neighborhoods, answered the question "What is Case Work?" by saying in part:

Case work is associated with the method of charitable organizations. It signifies an attempt to split up a large problem into units and to deal with these units efficiently and comprehensively. . . . The readjustments . . . must rest upon an understanding of the needs, the resources, and the re-actions under improved conditions of the individuals. The method of effecting this understanding of the needs, resources, and re-actions of individuals is case work. (p. 261)

1913.—Mrs. John M. Glenn, in a paper on "Case Work Disciplines and Ideals," defined case work as follows:

Case work deals with life lived unsuccessfully. Its business is to stir men and women whose situation is markedly unfavorable to move on to a more remunerative plane of effort. (p. 353)

1915.—Mary E. Richmond, in her paper, "The Social Case Worker in a Changing World," gave the following definition:

The only kind of social case work in which I believe . . . may be defined as the art of doing different things for and with different people by cooperating with them to achieve at one and the same time their own and society's betterment. (p. 43)

Thus we see case work, in the last three definitions, as (1) the method of effecting understanding of the needs and resources of individuals, (2) the business of stirring men and women to better their situation, and (3) the art of doing different things for and with different people in the interest of their own and society's betterment. Miss Richmond would have agreed, probably, that the first two definitions related to processes which are involved in the aim implied in her definition.

1919.—In the *Proceedings of the National Conference of Social Work* of 1919, appeared several definitions of social case work, and evidence that social workers were being influenced by twentieth century developments in psychology and psychiatry. In a paper, "The Relations of Sociology and Social Case Work," F. Stuart Chapin stated: "Social case work is the differential treatment of the human personality in misfortune." (p. 359)

Mary C. Jarrett, in her paper, "The Psychiatric Thread Running Through All Social Case Work," stated:

The special function of case work is the adjustment of individuals with social difficulties. It is the special skill of the social worker to study the complex of relationships that constitute the life of an individual and to construct as sound a life as possible out of the elements found both in the individual and in his environment. . . . Social workers in attempting the social adjustment of an individual draw upon the knowledge of all sciences for their own use and depend upon the skill of all other practitioners in behalf of their clients. (p. 587)

1920.—Jessie P. Taft, in "Problems of Social Case Work with Children," said:

This paper will assume case work to mean social treatment of a maladjusted individual involving an attempt to understand his personality, behavior, and social relationships, and to assist him in working out a better social and personal adjustment. (p. 377)

1922.—Mary E. Richmond gave the following definition in her book, *What is Social Case Work?*: "Social case work consists of those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment."² For the next five years, social case workers apparently felt they could not improve on this definition of Miss Richmond's.

1927.—Grace Marcus defined social case work in terms of the changes in social case work philosophy and method in postwar adaptations of COS methods. In her paper, entitled "How Case Work Training May Be Adapted to Meet the Worker's Personal Problems," she wrote:

If case work is an art and a philosophy, and not merely a trade practiced on the handicapped and helpless, it has to be just as thoroughly a part of the case worker's attitude toward herself as toward others, and therefore the necessity does not arise for dividing those others into the sheep who are her colleagues and the goats who are her clients. (p. 386)

1929.—The Milford Conference Report of 1929, entitled *Social Case Work, Generic and Specific*, gave the following standard formulations (pp. 11-16),

Social case work is a definite entity. . . . What is generic social case work? Its contents can be conceived of as embodying the following aspects:

1. Knowledge of typical deviations from accepted standards of social life.
2. The use of norms of human life and human relationships.
3. The significance of social history as the basis of particularizing the human being in need.
4. Established methods of study and treatment of human beings in need.
5. The use of established community resources in social treatment.

² Richmond, Mary E., *What is Social Case Work?* New York, Russell Sage Foundation, 1922, p. 98.

6. The adaptation of scientific knowledge and formulations of experience to the requirements of social case work.
7. The consciousness of a philosophy which determines the purposes, ethics and obligations of social case work.
8. The blending of the foregoing into social treatment. . . .

Social case work deals with the human being whose capacity to organize his own normal social activities may be impaired by one or more deviations from accepted standards of normal social life.

In 1929 Margaret E. Rich formulated some of the thinking in the new development in social case work, namely treatment through client-worker relationship. In her conference paper, "Professional Training from the Point of View of the Family Field," as printed in the *Proceedings* for that year, she stated:

Implicit in the content of social case work is a realization that it treats not problems, but people. The student should have an understanding of social case work objectives, both immediate and ultimate, and of the dynamic quality of the worker-client relationship. . . . Social case work is a pioneering venture in understanding the relations between human beings as potential factors in developing effective personalities. (p. 292)

1930.—Virginia P. Robinson, in her book, *A Changing Psychology In Social Case Work*, saw "an increasing acceptance of case work as individual therapy rather than social welfare,"³ and spoke of social case work as "individual therapy through a treatment relationship."⁴

1931.—Robert M. MacIver, in his book, *The Contribution of Sociology to Social Work*, defined social case work thus:

Primarily it is to treat and remedy, directly or by calling in outside aid, those disabilities or defects of individuals which stand in the way of minimum non-controversial standards of well-being recognized within the community.⁵

1932.—Bertha C. Reynolds' definition in her *Experiment in Short-Contact Interviewing* showed the adaptations of psy-

³ Robinson, Virginia P., *A Changing Psychology in Social Case Work*, Chapel Hill, University of North Carolina Press, 1930, p. 185.

⁴ *Ibid.*, p. 187.

⁵ MacIver, Robert M., *The Contribution of Sociology to Social Work*, New York, Columbia University Press, 1931, p. 49.

chiatric formulations which were being made in the practice of social case work. Her concept was:

Case work, then, sees the client in his tangled social relationships, counsels with him so as to stimulate his maximum effort on his own behalf, fills in where his knowledge is lacking, his opportunities are meager, and where his courage would fail without a relationship of confidence with an understanding professional person. Where therapy in the psychoanalytic sense makes no effort to relate the patient to his reality, leaving him to do so when he returns to it after a "moratorium" for recuperation in which he lives in his feelings about it, social case work helps him to see reality of social demands more clearly and to choose among them with better understanding of what he is doing. It is not that the case worker forces clients into or protects them from the realities of life, but that she helps them to meet social demands understandingly.⁶

1935.—When social workers were struggling to make social case work principles effective in the administration of the emergency relief program, many of them turned back to Mary E. Richmond's book, *Social Diagnosis*, for guidance, for there was little opportunity in the cataclysm of nationwide distress for concern over client-worker relationships and the construction of effective personalities. Interestingly enough, in the *Social Work Year Book* for 1935 the author of the section on Social Case Work refers (p. 451) to Miss Richmond's definition of 1922, accepting it as criterion for her discussion.

In an article, reprinted in 1935 from *The Family*, entitled "Social Case Work: What is it? What is its Place in the World Today?" the author, Bertha C. Reynolds, presented the following:

Social work concerns itself with human beings where there is anything that hinders or thwarts their growth, their expanding consciousness, their increasing cooperation. Social case work is that form of social work which assists the individual while he struggles to relate himself to his family, his natural group, his community.

⁶ Reynolds, Bertha C., *An Experiment in Short-Contact Interviewing*, Northampton, Smith College School of Social Work, 1932, p. 11.

1937.—In this year several notable definitions of social case work appeared. Mrs. Ada Eliot Sheffield, in her book, *Social Insight in Case Situations*, gave the following one:

The term "case work," as used among social agencies stands for the effort to meet the needs of families or of individuals caught in life situations which, without some outside help, threaten to become disastrous. The word implies that each need-situation is considered and met as presenting a separate problem or "case." . . . The advance (in case work) broadly speaking has been in the direction of getting clearer understandings of the complexities of need that come to attention, and of developing treatment methods that help clients and kin to meet them out of growing capacities for self-direction.⁷

In the 1937 *Social Work Year Book*, Margaret E. Rich spoke of the concern of social case work as the interplay between the mass treatment of social reform and psychoanalysis, as follows:

Social case work includes those processes involved in the individualized treatment of social maladjustment. . . . It differs from psychoanalysis in that its focus is not on the individual as an isolated entity, and from the mass treatment of social reform in that its focus is not on the social environment alone. Its concern is the interplay between the two. It treats both the patient and his social milieu as it relates to him. (p. 454)

In the *Proceedings of the 1937 National Conference of Social Work*, Gordon Hamilton's paper, "Basic Concepts Upon Which Case Work Practice is Formulated," gave us the following:

Case work's great concepts involve, as they have always done, love of one's neighbor, sharing one another's burdens, and helping people to help themselves. . . . The case work idea is, however, fortunately no longer circumscribed by the practices of relief giving, but may be utilized whenever people lack capacity to organize the ordinary affairs of life, or lack satisfactions in their ordinary social relationships. (p. 138)

⁷ Sheffield, Ada Eliot, *Social Insight in Case Situations*, New York, Appleton-Century Company, 1937, p. 3.

1939.—In the *Social Work Year Book* for 1939, appeared the following in a summary by Gordon Hamilton of the basic concepts of the past forty years in social case work:

Basic concepts which emerge again and again may be summarized as follows: that needs are social and personal; that case work is concerned with individualizing needs; that case work accepts the person as he is and respects his right to solve his own problems with whatever help the worker can give him; that case work seeks to release capacities in the person and resources in his environment; that effective change depends on the client's willingness to change. Other concepts have to do with the acceptance and use of limitations; acceptance of the fact of multiple social causality; acceptance of the responsibility of a professional case work relationship. (pp. 408-409)

1939.—Elizabeth McCord deSchweinitz, in the *Survey Midmonthly* for February, 1939, in her article entitled, "Can We Define Social Case Work?" interprets case work realistically from the standpoint of the public welfare field, and defines social case work as

those processes involved in giving service, financial assistance, or personal counsel to individuals by representatives of social agencies, according to policies established and with consideration of individual need.

The latest definitions, like the earlier ones, undoubtedly leave out much needed to give a complete picture of social case work philosophy and practice of the time. To formulate a definition necessitates narrowing the view, particularly when the picture encompasses broad social services administered by numerous private and public agencies for many types of individuals and needs in infinitely varying social situations.

There is apparent agreement in the definitions that social case work is a service which seeks to aid in the social adjustment of individuals.

QUESTIONS FOR DISCUSSION

1. What was the purpose of early house visitations?
2. What was the date of the definition which declared the aim of charity must be to raise the character of the poor?

3. Compare Mary E. Richmond's definitions of 1907, 1915, and 1922.
4. Can you give reasons for social workers' concern (1927-1932) with psychiatric formulations?
5. What is generic social case work as defined in the Milford Conference Report of 1929?

ACTIVITIES

Analyze and compare definitions to discover common aims or philosophic trends.

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Unit III

PUBLIC WELFARE IN THE UNITED STATES

Chapters 5, 6, and 7

CHAPTER 5

MINIMUM FEDERAL PARTICIPATION

Before 1932

UNINTERRUPTED growth and expansion marked the early history of the United States and continued well into the nineteenth century. There were indications, however, of the coming of a new social order.

By the close of the nineteenth century many important inventions had been completed which materially changed our pattern of living. The automobile changed family habits; developments in electricity and in rapid transportation led to the building of large cities and also to increase in the number of small industries; the radio and the moving pictures spread new ideas and changed leisure-time habits and the home lost its place as a social center. The passing of our frontiers caused a drift of population from the farms and villages to the cities. Primary group life largely disappeared and living became complex. The importance of family life and family controls declined; youth questioned and rebelled against traditional morals.

Furthermore, the volume and character of immigration were having their effect on our culture. A million newcomers a year, for more than ten years, entered the United States from southern and eastern Europe. They crowded into the slums of large cities, forming small units of foreign cultures,

They raised large families and assimilating and educating them was a slow process.

These social changes brought difficult problems of social adjustment, requiring the attention of communities and the services of social workers.

While the Federal government did not enter the social service field in an important way until the passage of the Federal Emergency Relief Act in 1933, it did early create special bureaus in the interest of general public welfare. These functioned largely as educational and promotional agencies in such fields as public health, child welfare, recreation, naturalization of immigrants, and home economics. Other federal agencies were set up to serve special groups for which the Federal government was directly responsible, such as the American Indians, war veterans, and Federal prisoners. The following bureaus were established in the years indicated:

Public Health Service.....	1798
Bureau of Immigration.....	1819
Office of Indian Affairs.....	1824
Bureau of Pensions.....	1833
Office of Education.....	1867
Bureau of Naturalization.....	1906
Employment Service.....	1907
Children's Bureau.....	1912
Extension Service.....	1914
National Park Service.....	1916
Veterans' Bureau.....	1917
Board for Vocational Education.....	1917
Women's Bureau.....	1918
Bureau of Home Economics.....	1923
Board of Parole.....	1930
Board of Prisons.....	1930
Veterans' Administration.....	1930

The belief was universally held in the early history of the United States that caring for the destitute was the local community's responsibility. In 1854, a bill passed by Congress making grants of public lands to states, to aid them in caring for the insane and the deaf, was vetoed by President Pierce as unconstitutional. Tax-supported welfare programs

were considered the function of the state. The states, in turn, held to the theory of local responsibility and left the care of the incapacitated and the needy to the counties and townships. As a result, methods and standards of public welfare service were as varied as the patterns of living in the different localities.

There were, however, certain general attitudes and procedures in rendering relief which showed the influence of the English poor laws. These were the use of police power in administering poor relief, the emphasis on responsibility of kin, the setting up of residence requirements to be met by applicants for relief, the belief that the poor were somehow to blame for their own condition, and the conviction that relief should not be made attractive nor as adequate as the amount the poorest of self-supporting workers could earn. Uniformly, too, the early English form of indoor relief, the almshouse, superseded primary group methods of caring for the unfortunate. These almshouses, or poor farms, or poorhouses, as they were differently called, were filled indiscriminately with dependent children, unmarried mothers, the blind, the feeble-minded, the insane, the aged, vagrants, and ex-criminals.

State Assistance to Communities.—When it became widely apparent that the majority of local units of government were not financially able to provide proper care for the needy and the incapacitated, state welfare plans developed. Early programs were limited largely to the building of state institutions for dependent children, delinquents, the feeble-minded, the aged, the blind, and the insane. Some states endeavored to give service and protection outside of institutions to neglected children and children born out of wedlock.

Dependent Children.—Provisions for dependent children, before the nineteenth century, were limited to county or municipal almshouses. The first state school for pauper children was established in Massachusetts in 1866. Similar schools were soon started in New Jersey, West Virginia, and later in other states. In 1873 Michigan attempted a placing-out system in connection with her state school for children,

and a similar plan was adopted in Minnesota, Wisconsin, and Rhode Island.

The first mothers' pension law was passed in Missouri in 1911, and the idea gained approval so rapidly that twenty-four years later forty-six states had such laws.

While there has been notable progress in the public care of dependent children in the twentieth century, particularly in large cities, conditions in many states before 1932 were far from satisfactory. In some states dependent children were housed in jails, in other states minor children were placed in poorhouses or in poorly supervised foster homes, and in several states one large state orphanage was the only provision for dependent children.

Delinquent Minors.—Up to the middle of the nineteenth century delinquent children were treated and sentenced like adult criminals. The first state institution for delinquent minors was established in Massachusetts in 1848. Other states followed until there were few states in the country which did not have a number of schools, or reformatories, for delinquents, which were really juvenile jails conducted on the same principles as adult prisons.

The first probation law was passed in Massachusetts in 1878, and the first juvenile court was established in Chicago in 1899.

The Aged.—Assistance for the aged has advanced slowly. As late as 1925, a law to provide state aid for the aged poor in Pennsylvania was declared unconstitutional. Indifference to the needs of old people can perhaps be accounted for by a number of facts: in our expanding and developing country there had always been work enough to afford employment for old people on a limited scale; the proportion of the aged in the population was smaller, and the old who were unable to work were generally cared for by relatives.

After the World War (1914-1918), and particularly during the early 1930's, the problems of the aged came to the fore. Fifteen years after the World War, thirty-eight states, the District of Columbia, Alaska, and Hawaii had laws providing relief for the aged.

Other phases of state aid which developed before 1932

were state hospitals for the insane, institutions for the feeble-minded, child labor laws, and public health regulations.

State Boards of Public Welfare.—As the number and complexity of local and state provisions for the care of the poor and the socially inadequate increased, the need for state supervision was evident. State boards of charities, state boards of control, and later state departments of public welfare were established generally. Massachusetts was the first state to have such a board, established in 1862. Ohio and New York followed in 1867. Thereafter state welfare departments increased in number, the greatest increase occurring after 1917. By 1932 the majority of states had such departments.

These state departments of welfare administered or supervised the administration of almshouses, detention homes for delinquents, state hospitals, and child-caring institutions. They also acted as licensing agents for private institutions and as educational agents to improve local standards of relief and create sustaining public opinion. Good welfare boards helped to improve standards of welfare work, prevented overlapping of services, decreased administrative costs, and raised personnel standards. Some welfare departments, however, did not function effectively, and they, with the number that used relief appropriations for political purposes, brought discredit to public welfare as administered by governmental units. As recently as 1930 many social workers seriously questioned the advisability of trusting the administration of welfare programs to governmental agencies, and some of them actively opposed efforts to secure Federal aid for relief needs during the economic crisis of 1929-1932.

The Crisis of 1929-1932.—The economic collapse in October, 1929, brought into sharp focus the social insecurity of the people of the United States. Some of the conditions precipitating the collapse were the overexpansion of industry and farming during the World War, and the failure of society to foresee and prepare for the great social changes brought about by our laissez-faire philosophy, by the passing of our frontiers, and by technological developments.

During the World War (1914-1918) the United States

supplied the warring countries with munitions, food, clothing, shoes, automobiles, and chemicals. Our industries expanded to meet the demand. Our farmers plowed up their pasture lands to produce more wheat, corn, and cotton. Farms and farm homes were mortgaged to buy more land, more stock, and more machinery, to produce still more wheat, corn, and cotton. By 1920 we were the largest wheat-growing country in the world and we were producing three-fourths of the world's corn and cotton. We lent Europe the billions to pay us for the products we were shipping. Our own entry into the war swelled production further. The great increase in wages and employment opportunities caused a boom hysteria which led many to plunge heavily on the stock market and to buy wildly on the instalment plan to the tune of \$6,000,000,000 of obligations, and which blinded the public to the coming, inevitable crash.

When the war ended, Europe no longer had imperative need of our materials and was defaulting on loans. The farmers were the first to feel the effects of the withdrawal of markets. Nine years before the rest of the United States felt the depression, the farmers were struggling through a valley of their own. Many of them lost homes, farms, and savings, and the huge surpluses of farm products raised to feed expanding world markets could not be sold here because of failure of our distribution system and the fact that the great mass of our people did not have sufficient purchasing power.

When the crash of 1929 punctured our inflated prosperity the United States was totally unprepared to cope with the situation. Our government did not have the social machinery to move for the physical relief of distressed millions.

The number of requests for aid to private welfare agencies so increased in the winter of 1929-1930 that the amount of help which could be given in an individual case was very small. In the spring of 1930, with applications for aid still pouring in, it became evident that private agencies could not hope to handle the situation.

By January, 1931, the number of regularly employed persons out of work was estimated at more than 5,000,000; by July, 1932, over 10,000,000 were unemployed. Local citizens'

relief committees were organized in cities where lengthening bread lines moved people to action. However, these committees reached the end of their resources by the fall of 1931 and many then ceased to function.

By the summer of 1930 more than two hundred communities had set up work-relief programs; others raised funds and distributed relief direct. In some communities emergency bond issues or special taxes enabled public welfare departments to go on, but resources were meager and inadequate. Toward the end of 1931 bankruptcy faced many communities, for the limit of bonded indebtedness had been reached and tax failure had come.

By this time it was evident that not only the private welfare agencies had failed, but both the citizens' committees and the tax-supported community programs were failing also to cope with the catastrophic situation.

While many people were demanding action by the Federal government, a number of states made appropriations of millions to aid distressed communities. Large as the sums were, they were inadequate to meet the need.

In the summer of 1931 the national administration appointed a President's organization on unemployment relief. This was the first time since the crash in 1929 that the administration publicly recognized the need for Federal aid. Yet this President's organization itself failed to enunciate Federal responsibility, but rather declared that relief was a community's problem.

Social workers continued to insist that the situation was desperate and that neither private welfare nor community efforts could care for the millions needing relief.

When the community chest campaigns failed in the autumn of 1931—the funds realized were only 14 per cent larger than those raised in 1930, while needs had more than trebled—the country awoke to the realization that what was happening was of the dimensions of a social revolution.

QUESTIONS FOR DISCUSSION

1. What social changes increased social problems in the United States during the late nineteenth century and early twentieth?
2. Name several of the welfare bureaus established by the United

States government in the nineteenth century. What were their functions?

3. Why did the theory of local responsibility for care of the poor persist so long in this country?
4. When and where was the first mothers' pension law passed in the United States?
5. When and where was the first juvenile court established in the United States?
6. Are delinquent and dependent children still housed in county jails in some communities?
7. What were the functions of state welfare boards generally, prior to 1932?
8. Discuss causes of the economic collapse of 1929.
9. Why were private welfare agencies and citizens' committees unable to handle the relief problem in 1930-1932?

ACTIVITY

Debate merits of Federal aid to state programs of relief *vs.* federally administered programs in the states.

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CHAPTER 6

FEDERAL EMERGENCY RELIEF PROGRAM

THE inability of private agencies and local communities to care for all the needy in 1932 led to a number of self-help devices, including subsistence gardens, a share-the-work movement, and even a return to barter. The barter movement re-established primary relationships between producer and consumer among over a million people who found they could get along by cooperating and exchanging services for commodities and commodities for services.

The situation remained acute, however, for more than ten million unemployed. The Federal government was forced to assume leadership and make plans to relieve nationwide distress.

RFC.—President Hoover had created the Federal Farm Board to cope with agricultural surpluses, believed to be temporary, and had approved a public works program. On February 2, 1932, he approved the establishment of the Reconstruction Finance Corporation, with a fund of \$500,000,000 and the right to borrow more, to function as a government loan agency to aid business, industry, and agriculture. When the public learned, about six months later, that loans totaling hundreds of millions had been made by the RFC to big banks and railroads, there was popular criticism because the Federal government had not yet acted to relieve the distress of the millions of unemployed.

Finally, in May, 1932, the funds of the RFC were increased by \$1,150,000,000 to permit the corporation to lend \$300,000,000 to states for unemployment relief and to lend \$1,160,000 to private business and to further public works. Before Congress adjourned in July, 1932, \$1,500,000,000 was granted to the RFC for loans to states for self-liquidating public works.

Dissemination of relief was slow. Economic conditions

grew worse. Banking operations were practically at a standstill. On March 5, 1933, President Roosevelt ordered every bank in the nation closed for four days. On March 9th the 73rd Congress, in special session, passed the Emergency Banking Bill to permit sound banks to reopen.

Meanwhile the large problem of mass relief remained unsolved.

FERA.—On May 12, 1933, the Federal Emergency Relief Act was signed by President Roosevelt. This act made available \$500,000,000 to be expended through the states for assistance to the unemployed, in either direct relief or work relief, half of the amount to be allotted to states on the basis of one dollar of Federal funds to three dollars of local money, and the other half to be expended in direct grants to states whose relief needs were too great or whose financial resources were too inadequate to enable them to meet the situation.

On May 22, 1933, Mr. Harry L. Hopkins, a social worker, was appointed Federal Emergency Relief Administrator by the President, with the consent of the United States Senate, and the next day first grants were made to the states.

The rules and regulations set up by the relief administrator showed the influence of social work ideology and practice. Emphasized were standards of investigation and service, adequacy of relief, right of relief clients to medical care and nursing, and the importance of employing social case work treatment to preserve undamaged the personalities of relief clients. Trained social workers, where procurable, were made state administrators and county directors. The majority of states and many isolated counties were thus exposed to social work principles and methods. Although the administrators and workers possessed varying amounts of social work training and skills, they did much to educate and prepare the country as a whole for the program of social security which was to follow.

By the fall of 1933, each state had an emergency relief administration and all the states were receiving grants from the Federal government.

From the first, the FERA took the position that work relief should supplant direct relief. A wide variety of kinds

and conditions of work relief existed in the different states, and some states had no work-relief programs. The rates of pay and hours of work also varied greatly. The FERA endeavored to standardize work relief and limited the work day to 8 hours, the work week to 35 hours, and established a minimum wage of 30 cents an hour. The actual sum allowed each family was determined by the size of the family and the cost of living in the region in which the family lived. A real problem arising at the time was the care of single men and women without dependents, for whose relief no provision was made.

By November 1, 1933, about two million workers were employed on FERA work programs. However, the character of the work projects deteriorated as state and local funds for materials gave out. Furthermore, there was popular disapproval of projects of the leaf-raking and ditch-digging type, and it was difficult to find projects which did not interfere with private business.

A large part of FERA funds granted to states was for continuation of direct relief. Special grants were made for transient relief, for work relief for unemployed teachers, to assist self-help and cooperative organizations, and to aid families in devastated areas.

A total of \$1,721,801 was allotted by December 31, 1933, for work relief in education, principally to pay teachers and make possible the reopening of schools which had been closed because of failure of community funds.

To aid self-help and cooperative groups, FERA made special grants totaling \$263,444 to twenty-eight of these associations in thirteen states during 1933.

Special aid was given during the summer of 1933 to needy families in the drought areas. This aid was in the form of direct relief, but in cooperation with the Public Works Administration and the Bureau of Public Roads work relief wherever possible.

Residents of devastated storm areas also received Federal assistance.

A women's division of the FERA was established in September, 1933, and state offices for women's work were set up. It was planned to provide work opportunities for the

varying talents of many unemployed women. Operation of the program was delayed, however, until organization of the Civil Works Administration.

In the fall of 1933 it became apparent that new measures were needed because the public works program was proceeding too slowly to absorb many workers, private industry was not absorbing as many jobless as had been hoped, and the FERA program alone was not adequate in the mass unemployment crisis.

CWA.—On November 9, 1933, President Roosevelt issued an executive order creating the Civil Works Administration. The CWA was the largest and quickest mobilization of men in the history of the United States, and it aimed to put to work 4,000,000 unemployed men and women for the local, state, and Federal governments. The Public Works Administration released \$400,000,000 to finance the plan. Mr. Harry L. Hopkins, FERA administrator, was made CWA administrator. On November 16, 1933, the program was officially begun.

The CWA program was designed to take all employable persons off relief, estimated at two million, and to add a like number drawn from the ranks of the self-sustaining unemployed. By December 7, 1933, all persons on work relief had been transferred to CWA pay rolls, and work relief generally was abolished. A maximum 8-hour day and a maximum 30-hour week were established for manual laborers on CWA projects, and clerical workers were restricted to 39 hours a week. The minimum wage in the southern zone was 40 cents an hour for unskilled and \$1 an hour for skilled labor. In the central zone the minimums were 45 cents and \$1.10 and in the northern zone 50 cents and \$1.20 an hour.

Projects undertaken by CWA covered a wide range, including construction of school buildings, courthouses, highways, parks, playgrounds, and community centers; repair and maintenance work on public properties; sanitation, pest control, improvement of waterways, and a variety of professional and clerical services.

Allotments of jobs were made to states, 75 per cent on the basis of population and 25 per cent on the basis of unemployment and relief needs.

Employment on CWA projects reached 4,100,000 by the middle of January, 1934, and the total weekly pay roll at the time was \$62,024,854.

The first curtailment in CWA projects was made when the Emergency Appropriation Act, making \$450,000,000 available for the CWA program, was signed by the President, on February 15, 1934. On March 6 it was announced that all work projects of the CWA would be suspended on March 31. The program was brought to a close swiftly, the only workers remaining after March 31 were those engaged in terminating the program.

It was hoped the CWA would expedite economic recovery by increasing mass purchasing power through getting all the unemployed to work on public works at regular wages. The decline in business was checked temporarily, and public morale greatly improved. An unforeseen effect, however, was to swell the relief rolls by more than two million. The non-relief workers who had been placed on CWA projects applied for relief when CWA was discontinued, believing they would thereby be recertified and continued in government employ.

A work program was set in motion by the FERA immediately on discontinuance of the CWA at the end of March, 1934. The total number of persons receiving FERA relief during the month of April, 1934, was 16,869,270.

Transients.—The transient division of the FERA was organized in July, 1933, and by the end of that year two hundred and sixty-one transient centers and sixty-two transient work camps had been set up in forty states and the District of Columbia, and \$3,775,555 had been allotted for transient relief.

Early in the post-1929 depression thousands of young people, as well as unemployed men and women, many with their families, took to the open road to find work or to escape from intolerable home conditions.

Under the FERA transient programs efforts were made to stabilize individuals through returning them to their homes, establishing them in new situations, or housing them in camps for re-education and rehabilitation—all at Federal expense.

The problem of transients is national. Many transients have no state residence, for in some states it takes five years to gain residence but just one year to lose it. In the interim between acquiring new residence or regaining a former residence a transient is not the responsibility, technically, of any governmental unit. In localities where social workers endeavored to establish professional standards in the care of transients, giving them temporary care until their residence could be established, additional transients have been attracted from less hospitable communities to such an extent that local authorities balked and withdrew their support of the program.

With the dissolution of FERA's transient program, the whole problem of transients was turned back to the states. Each state has its own way of dealing with transients, many employing hostile and repressive measures.

WPA.—In January, 1935, President Roosevelt said in his message to Congress that the Federal government was to quit the business of relief but would provide work for the able-bodied unemployed. Shortly thereafter the Works Progress Administration was launched. The WPA program was expected to provide work for all needy employables. However, there were on the relief rolls in June, 1939, a million persons eligible for WPA work who had to stay on local relief rolls because of insufficient WPA funds.

Congress appropriated \$1,500,000,000 for the WPA to employ an average of 2,050,000 people during 1939-1940, which is a reduction of one-third compared with the appropriation for 1938-1939.

While WPA continues to control apportionment of funds to the states, Congress has set the maximum of national contributions to any state at 75 per cent of the total cost of all non-Federal projects approved after January 1, 1940. The local or state governments initiate projects and pay nonlabor costs; the Federal government pays the wages to labor and part of the cost of materials. All relief employees on WPA must work 130 hours a month. WPA wages vary with skills of the workers and community wage standards.

WPA employment has been determined from the first by a means test. Preference is given now on basis of "relative

needs," which are difficult to determine. Aliens continue to be ineligible.

Intake and certification continue to be performed by local public welfare agencies to which WPA has delegated authority. The WPA may refuse such certifications, however. Regulations also provide for periodic investigations of WPA workers every six months to eliminate those not in actual need.

The United States Senate must approve all appointments of WPA administrators receiving five thousand dollars or more a year, and administrative appointees must be citizens of the state in which they are employed.

The 1939 changes in WPA regulations required the removal of anyone who had been on the WPA more than eighteen months, war veterans excepted. The layoff started in July, 1939. After thirty days any dismissed worker can be recertified for relief and thus become eligible for re-employment on WPA projects. The reduction of the WPA program by a million jobs and the large numbers on WPA waiting lists in June, 1939, make it very improbable that many of those recertified will be given WPA employment.

The WPA program has not been wholly a work program nor a relief program but a combination of both, which has undoubtedly accounted for many of the difficulties and inconsistencies in administration of the program. Under the President's reorganization plan of 1939, the WPA has been placed under the Federal Works Agency which may portend its future character.

Rural Rehabilitation Program.—To complement the work program in urban areas, the Rural Rehabilitation Corporation was inaugurated in April, 1934, under the auspices of various governmental departments and agencies, including FERA, the Federal Surplus Commodities Corporation, the Extension Service of the Department of Agriculture, and the Land Policy Section of the Agricultural Adjustment Administration. On July 1, 1935, the Rural Resettlement Administration took over the program.

The purpose of the program was to assist rural families to become self-supporting, by relocating families residing in submarginal areas on more fertile land; by purchasing poul-

try, livestock, tools, seeds, and buildings for families living in agricultural sections; and by the establishment of subsistence gardens, work centers, and commodity exchanges for families living in towns.

The aid was given in the form of loans and technical advice on farm management.

FSA.—The Farm Security Administration was organized in 1937 to make loans to farm families who cooperated with Federal agricultural agents in deciding what to plant and how much, with a view to farm rehabilitation. Under the FSA, also, emergency grants-in-aid are made to destitute farm families; aid is given to farmers in adjusting their debts; and suburban and rural resettlement programs are carried on to encourage subsistence farming. In administering the services, FSA agents make case studies of the families and utilize other social work methods.

FSCC.—The Federal Surplus Commodities Corporation was established in October, 1933, with Relief Administrator Harry L. Hopkins as president, to act as distributing agency for the surplus agricultural commodities purchased by the Federal government in efforts to stabilize farm prices and help farmers.

Between October, 1933, and January, 1934, the FSCC expended \$25,000,000 to purchase pork, beef, cheese, cereal foods, butter, lard, dried apples, citrus fruits, flour, feed, grass seed, and coal, which were distributed free to families receiving relief or earning WPA wages, generally through local FERA offices.

The early program, in effect a national bread line, benefited the consumer and helped producers by increasing consumption of surplus commodities.

With the aim of benefiting retail merchants, as well as the relief clients and the farmers, a food-stamp plan was undertaken in the spring of 1939. To benefit from the plan, clients who receive relief in cash purchase orange stamps in an amount from four dollars to six dollars per month for each person in the family. With each purchase of orange stamps, a client receives free blue stamps of one-half the value of the orange stamps. Each stamp has a face value of twenty-five cents. If a WPA worker wishes to benefit from the plan, he

signs an order authorizing the WPA to deduct from his pay check for the stamps, and he receives his proportion of orange and blue stamps when he receives his pay. Under the food-stamp plan commodity distribution must be made through retail grocery stores.

The food-stamp plan is apparently popular with relief clients. The Surplus Commodity Corporation reports after fourteen months of operation that the food-stamp plan is operating in seventy-one cities.

NYA.—The National Youth Administration was set up in June, 1935, to provide jobs for youths, between sixteen and twenty-five years of age, from relief families certified as eligible for employment; student aid to needy high school, college, and graduate students; a limited guidance and placement service, apprentice training, cooperative schools, community youth activities, rural youth development, public service training, and the expansion of educational and recreational opportunities for young people in undeveloped areas.

While organized within the Works Progress Administration, the NYA has its own national and state administrative staffs. Since the President's reorganization plan of 1939, it has been under the new Federal Security Agency.

There are no definite figures, but it is reliably estimated that there are more than ten million young people out of school, of whom 40 per cent are unemployed. NYA has not had the funds to take care of more than a fraction of these unemployed youth, nor to aid more than a small proportion of the young people who wish to go to special schools and colleges.

The NYA and the CCC offer employment and some vocational training to a few hundred thousands of young people, but for the great majority of our more than three million out-of-school and unemployed youth very little is being done either by governmental or nongovernmental agencies.

CCC.—One of the first New Deal projects was the Civilian Conservation Corps. As an emergency measure it was set up first in 1933 under the division of Emergency Conservation Works, but in 1937 it was established as a separate agency and in 1939 was placed under the Federal Security Agency.

Four hundred and fifty million dollars was spent on the CCC in the first seventeen months of its existence. More than two million young men have served in the various camps located throughout the United States, for varying periods. The present capacity of the CCC is about 350,000.

The CCC is designed to give healthful employment to young men between seventeen and twenty-eight years of age, in the development of national and state parks, at work of forestation, fire protection, soil conservation, and development of wild-life refuges. Applicants for enrollment must come from families in need of relief, must be single, and must be in good physical condition. Enrollment is for a minimum of six months and the maximum period is two years. Each enrollee receives clothing, subsistence, medical attention, and thirty dollars a month, twenty-five of which goes directly to his parents or other dependents.

Programs of education and recreation are provided. Illiterate boys have learned to read and write while in CCC camps. Others have studied elementary, high school and college subjects. While vocational training is limited in CCC camps, boys have come out with some knowledge of road building, forestry, automobile mechanics, carpentry, truck driving, cooking, and office work.

The CCC has done much for the health and morale of thousands of young men and the program has wide popular approval.

CONCLUSIONS

The various Federal emergency relief programs have been sporadic and uncoordinated. While the billions of dollars expended have brought relief to many, such expenditure has not brought a solution to the problem of economic security for the mass of our people. Relief costs have continued to mount and the public has asked to what end.

Social workers have long held the view that a complete system of social insurance would have to be set up if relief costs were to be reduced.

In the summer of 1934, President Roosevelt appointed a committee on economic security to study the whole problem

of economic security for the individual. This committee consisted of Secretary of Labor Perkins, Secretary of Treasury Morgenthau, Secretary of Agriculture Wallace, Attorney General Cummings, and Relief Administrator Hopkins. A technical board was appointed to assist and Mr. Edwin E. Witte, director of the Wisconsin Legislative Reference Library, was named executive director. The committee expressed themselves as wishing to evolve a practical plan for security which could be put into operation at once. Their work resulted in the Social Security Act of 1935.

QUESTIONS FOR DISCUSSION

1. In what President's administration were the Federal Farm Board and the Reconstruction Finance Corporation established?
2. How did the RFC aid in unemployment relief?
3. Give the names of government organizations represented by the following: FERA, CWA, WPA, PWA, FSA, FSCC, NYA, CCC.
4. Why did some states get so much more of FERA funds than other states?
5. Name some types of FERA work projects.
6. Give the purpose of the CWA set up in November, 1933, and outline its program.
7. What was the important but unforeseen result of the CWA programs?
8. Describe the FERA program for care of transients. Why was it discontinued?
9. Does the WPA provide for all needy employables?
10. Why were all WPA workers who had been on WPA more than eighteen months laid off in the summer of 1939?
11. What is the food-stamp plan of FSCC?
12. Do you think the NYA and CCC programs are worth while? Why?

ACTIVITIES

1. Have each student get complete information on the activities and cost of the NYA or CCC in his or her state.
2. Have each student investigate treatment of transients in his or her state.

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CHAPTER 7

THE SOCIAL SECURITY ACT

ON AUGUST 14, 1935, Congress passed the Federal Social Security Act. This act, with more than two hundred amendments added in 1939, is of great significance in the history of public welfare in the United States, for it marks recognition of social responsibility for the economic insecurity which is the portion of so large a percentage of our population today.

The 1939 amendments are important for they served to avert many of the dangerous trends of the initial program. In particular, the program of old-age insurance was made more socially sound, administrative procedures simplified, merit systems set up for selection of personnel, and the assistance phases of the act liberalized.

The Social Security Act provides for old-age security, unemployment insurance, assistance to the blind, aid to dependent children, vocational rehabilitation of the crippled and disabled, public health, maternal and child health services, care of crippled children, and rural child welfare development.

The assistance phases of the act are administered by the Social Security Board; the vocational and public health provisions by the Office of Education and Public Health Service respectively; and the child health, crippled children, and child welfare services by the United States Children's Bureau.

Under the President's government reorganization plan, passed by Congress in 1939, a new Federal Security Agency was established, which includes the Social Security Board, the Office of Education, the Public Health Service, the National Youth Administration, the Civilian Conservation Corps, and the United States Employment Service. Mr. Paul V. McNutt was appointed the first Federal Security administrator.

Old-Age Insurance.—Under the amended Social Security Act old-age insurance becomes "Old-Age and Survivors' Insurance," with benefits to be paid beginning January 1, 1940, to workers who are at least sixty-five years of age, not regularly employed, who have held jobs in insured industries long enough to earn at least \$200 in each of the two years after the passage of the law. They must also have received not less than \$600 total wages in insured employment since the beginning of 1937.

As a minimum, a man of sixty-five or over, who has qualified, will get a monthly check for \$20 if his wage has averaged \$50 a month since January 1, 1937. A man earning \$100 a month will be entitled to \$20 a month, plus 10 per cent of \$50, or a total of \$25 a month. A man earning \$200 a month will be entitled to \$35, and if he earned \$250 a month will get \$40 a month. Wages above \$250 a month are not taxable.

The plan insures both the worker and his family. In addition to the monthly benefit paid to a worker retiring at sixty-five years of age, the law provides a supplementary benefit for his wife when she reaches sixty-five, equal to 50 per cent of her husband's benefit. Monthly benefits for survivors give 75 per cent of the worker's primary annuity to his widow when she reaches sixty-five. A younger widow with one or more children in her care receives a widow's benefit of 75 per cent of her husband's primary annuity, and in addition a benefit equal to 50 per cent of the primary annuity for each dependent child under sixteen, or eighteen if attending school. Should the worker leave no widow or dependent children, benefits equal to one-half the primary benefit may be paid to each dependent parent. Lump sums for burial are paid where there are no persons entitled to receive benefits.

Each worker and his employer are required to pay the government a regular premium consisting of a percentage of the worker's wage. The employee pays a tax equal to one per cent of his wage, which will increase gradually to 3 per cent by 1949. The employer matches this amount, paying it as a tax on his pay roll. There is no Federal participation in the payments.

Many classes of workers are not entitled to the protection of this old-age insurance. Farm laborers are excluded, also domestic servants, workers engaged in casual labor, government employees, and persons employed by religious, charitable, scientific, educational, and other nonprofit organizations. A few of these workers are covered by private pension plans, but the great majority in the low-income group have no protection.

Unemployment Insurance.—Our present unemployment insurance is a Federal-state system which leaves to the states the initiative and option of setting up their own plan of unemployment compensation.

When the Social Security Board has approved any state plan, that state becomes eligible for grants from the Federal government for the administrative expenses of the state's unemployment compensation system. A state may or may not add employees' contributions to those required from employers, and may or may not make provision for state contributions to the system. Likewise, states must determine their own compensation rates, length of waiting period before worker is eligible for benefit, and duration of benefit period.

To secure Federal approval there are certain minimal requirements which a state plan must meet, including payment of unemployment compensation solely through public unemployment offices, payment of all money received into the Unemployment Trust Fund of the United States Treasury, and selection of personnel by a merit system.

In order to insure protection to states which enact unemployment-insurance laws, as well as to raise revenue to be used to meet emergency needs arising from unemployment, the Federal government placed a Federal tax on pay rolls of all American business enterprises employing at least eight persons, starting at one per cent in 1936, then 2 per cent in 1937, and 3 per cent since January 1, 1938. This tax is collected by the Federal government, but if a state has a Federally approved unemployment-insurance law, employers are allowed to credit the amount paid into the state fund up to 90 per cent of the Federal levy. This compels each state to impose a pay-roll tax of at least 2.7 per cent for unem-

ployment insurance if it wants to keep the tax money for its own jobless. All states have responded and adopted unemployment-insurance laws.

The provisions of the unemployment-insurance laws of the different states vary. Workers may or may not be compelled to contribute; seven states at present require such contributions. In general, the existing laws exclude the same groups of workers as are excluded from the protection of old-age insurance, namely, farm laborers, domestic servants, casual workers, government employees, and the employees of religious, charitable, scientific, and educational organizations.

A worker who loses his position but who has held a job in an insured occupation within the previous year will be entitled to receive a weekly benefit payment equal to about one-half of his regular wage. In most states the maximum he can get is \$15 a week, and the least is \$5 a week. Four states have a maximum of \$18 a week; four states and the District of Columbia have no minimum. The length of time the worker may expect to receive benefits varies in different states. As a rule it is determined by the length of time the worker has been employed, the size of his weekly benefit, or the amount of his previous earnings. Only five states pay benefits for more than sixteen weeks in any one year. Workers are not eligible for benefits until they have been out of work from two to four weeks. Workers cannot obtain compensation until after they have qualified by holding a job for a certain period of time. Most states require that a person shall have earned sixteen times as much as his weekly benefit within a specified period.

By the end of 1939, over 27,500,000 had earned credits toward protection under the various state laws. By May, 1939, about one million workers were receiving unemployment benefits, averaging in amount about \$11 a week each.

Mr. Abraham Epstein, of the American Association for Social Security, prominent as a pioneer and leader in the promotion of social security and social insurance in the United States, has stated that the fifty-one state and territorial unemployment-compensation systems need overhauling in the interest of simpler and more easily understood

laws aimed at a more meaningful and socially adequate system of protection for the unemployed.

ASSISTANCE AND WELFARE SERVICES

The Social Security Act includes provisions to enable the Federal government to share in state aid to the needy aged, the blind, and dependent children, and in extending and developing special welfare and health services.

In order to obtain a Federal grant for any of these services the state must meet certain conditions specified in the Social Security Act. Any state plan must be approved by the Social Security Board. Such plan must be mandatory upon all political subdivisions in the state; a single state agency (state welfare department) must be established or designated to administer or supervise the administration of the state plan; personnel standards must be maintained on a merit basis; there must be opportunity for fair hearings in case of complaint; the state must participate financially, and certain methods of reporting and administering the plan must be employed.

Old-Age Assistance.—Aged persons who are in need, whether or not they are included under the old-age insurance plan, may receive assistance from their states. In order to encourage the states to provide assistance for the aged, the Social Security Act sets up conditions under which the Federal government will share the cost. The act instructs the Federal government to meet one-half the cost of state old-age assistance up to \$40 a month. No state may obtain Federal funds, beginning in 1940, if it sets the age limit above sixty-five years of age, and states must make provision for aiding qualified applicants who have lived in the state for any five years out of the nine preceding their applications for assistance.

By September, 1938, all 48 states were covered by old-age assistance plans. In March, 1940, 1,937,876 persons, sixty-five years of age or over, were receiving assistance under these plans, and payments ranged from \$6 a month in Arkansas to \$38.01 in California, with the average for the country \$20.

Aid to the Blind.—The Social Security Act provides also for Federal assistance to states in aid to the blind. The Federal government will pay one-half of a state's administrative expense for care of the blind, as well as half the cost of blind aid up to \$40 a month.

Aid to Dependent Children.—To aid children under sixteen years of age or under eighteen if regularly attending school, who have been deprived of one or both parents and are being cared for in homes of responsible families, the Federal government will reimburse the state 50 per cent for their care, up to a maximum of \$18 a month for the first child and \$12 for each additional child in the same household. Such Federal assistance is conditional upon the state assuming a share of the burden. States which pass on the entire cost to the counties are not eligible for Federal aid.

According to a recent Social Security bulletin there were in February, 1940, 315,849 families receiving aid for 763,753 children; the average per family was \$32.35.

Maternal and Child Health, Aid to Crippled Children, and Child Welfare Services.—To qualify for Federal aid in maternal and child health, aid to crippled children, and child welfare services, under the Social Security Act, states must meet the same general conditions as for other Federal grants under the act, and in addition meet certain special requirements. The emphasis in these programs must be in areas predominantly rural, or among groups in special need; and local child health units must be established in cooperation with medical, nursing and welfare organizations and groups.

Payment of a lump sum, the same for all states, is made by the Federal government to all states setting up maternal and child health services, plus payment of an additional amount related to the number of live births in the state, provided such payments are matched dollar for dollar by the state. Conditions to be met before receiving Federal grants for services for crippled children are similar to those for receiving aid for maternal and child health services; a lump sum is paid to each state, plus additional amounts based on the number of crippled children in need of care and the cost of furnishing care for them, which must be matched dollar for dollar by the states.

For aid in child welfare services, the allotment from the Federal government is a lump sum to each state, and an additional amount based on the size of the rural population in the state; and the program of child welfare services must be developed jointly by the state welfare agency and the Federal Children's Bureau. The act states the child welfare funds are to be used "for paying part of the cost of district, county, or other local public welfare services, for homeless, dependent, and neglected children, and children in danger of becoming delinquent, in areas predominantly rural; and for developing state services for the encouragement and assistance of adequate methods of community child welfare organization in areas predominantly rural and other areas of special need."

Vocational Rehabilitation.—The vocational rehabilitation fund, under the supervision of the Office of Education, has for its purpose aid to states to retrain crippled and disabled persons to prepare them for employment as well as to place them in employment when possible, and is distributed among the states as grants to further the program. The Federal appropriation for this work was increased from \$1,000,000 to \$2,000,000 annually, in August, 1939.

Public Health.—The public health program is administered by the Surgeon-General of the United States Public Health Service, and the Social Security Act makes outright grants to states on the basis of their population, their special health problems, and their financial needs. The purpose of this phase of the Social Security Act is to assist states, counties, health districts, and other subdivisions, in establishing and maintaining public health services, as well as to investigate and study problems of sanitation and disease having public significance.

CONCLUSIONS

In the four years since the inauguration of the Social Security Act, the administrators, social workers, and others, charged with the tremendous task of carrying out the provisions of the act, have become aware of inadequacies, omissions, and defects in the law.

Competent critics claim that the protection of old-age

insurance must be extended to groups not now covered; and that our present unemployment-insurance system, comprising fifty-one different schemes, is too cumbersome and confusing, and the benefit period too short.

There is also criticism that the reserves set up in the old-age insurance plan will mount dangerously, and that to avoid this no further increases should be made in the pay-roll tax but government contributions should be made out of general revenues.

Many people believe a program of health insurance should be added to the Social Security Act. The United States, they point out, is the only large industrial country in the world in which the government makes no provision for the protection of individual citizens against the economic hazards of disease.

Undoubtedly we can expect additions to and revisions in the Social Security Act in the interest of a greater and surer measure of social security.

QUESTIONS FOR DISCUSSION

1. When was the Federal Social Security Act passed?
2. Name the categories of aid under the Social Security Act.
3. What requirements must a worker meet to share in "Old-Age and Survivors' Insurance"?
4. Does the Federal government contribute to old-age insurance?
5. How does the Federal government participate in the state plans of unemployment insurance?
6. What is the difference between old-age insurance and old-age assistance under the Social Security Act as amended in 1939?
7. What is the annual Federal appropriation for aid to states for vocational rehabilitation of the crippled and disabled?
8. What assistance does the Federal government give states in care of the blind, dependent children, the aged, maternal and child health, child welfare services, and aid to crippled children?

ACTIVITY

Have each member of the class visit a state employment office to observe administration of unemployment-insurance benefits, or any welfare office administering services under the Social Security Act and report on observations.

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Part II

SOCIAL CASE WORK PRACTICE

" . . . we face our problems in detail one by one as they arise, with all the resources provided by collective intelligence operating in cooperative action."

—JOHN DEWEY

Unit IV

BASIC CONSIDERATIONS

Chapters 8 and 9

CHAPTER 8

CHANGING EMPHASIS

How to maintain oneself and family in health and happiness as varying needs and situations arise is a universal problem. We are successful when we can meet the problems of daily living competently and adequately. Failures may come because of personal deficiencies or changes in the social situation or a combination of both. When misfortune occurs and we have no reserves, human or material, we may turn for assistance to organized charity.

Prior to 1929, case work practice emphasized the rehabilitation of needy individuals and their restoration to satisfying self-maintenance. While social workers recognized the social origin of many client problems, the emphasis in case work treatment was largely on individual therapy to restore the self-maintaining abilities of the client. Implicit in such therapy was the large assumption that opportunities and success would reward individual effort. The persistence of this philosophy was due in large measure to the fact that the greatest amount of social case work was done in large cities where work opportunities were most numerous. Yet there existed in nonindustrialized and nonpopulous states large numbers of individuals to whom opportunities for self-maintenance were denied, and to whom the helpful services of charity organization societies were not available.

The nationwide welfare program to relieve the distress which followed the economic collapse of 1929, focused at-

tention on the situation of millions of underprivileged and neglected people, many of them compelled to live under conditions below minimum health and decency standards.

Recent economic studies have brought to light startling social facts: during the most prosperous years of American history, 1922-1927, there were always over 1,500,000 unemployed. No amount of new industries can ever absorb all the unemployed. In 1925, 90 per cent of 27,000,000 families had an average income of only \$2,200 a year; our birth rate is declining; the percentage of the aged in our population is increasing; and we have overproduction and yet underconsumption. Furthermore, grave social problems are developing because of delayed marriages of our unemployed youth; and the present World War portends greater social and economic crises to come.

Social upheaval is affecting the lives of all of us and in our endeavors to make adaptations to changing conditions, problems arise and tragedies occur.

Social workers study to increase their knowledge and improve their skills with the twofold aim of aiding the individual to adjust to new patterns of life and of changing social institutions to meet individual needs.

In our mass relief programs each moment of client-worker relationship needs to be fruitful of value. Individual therapy in terms of present-day realities assists individuals to adjust to possible nonemployment and continued government relief. Emphasis is increasingly less on ideals of self-maintenance and individual achievement and more on the permanent values inherent in cooperation, interdependence, service, adult education, development of avocational interests, and the creative use of leisure time.

Social workers realize that changes in social organizations and social institutions and a changing social philosophy require changed emphasis in their practice, and that their approach and methods should be geared to the needs and demands of the times.

CHAPTER 9

DEFINITION AND ORIENTATION TO PRACTICE

A Working Definition.—Social case work is the process of assisting the individual to the best possible social adjustment through the use of (1) the social case study, (2) social resources, and (3) knowledge from related fields of learning.

Professional Objective.—The best possible social adjustment of the individual client is the professional objective of the social case worker.

The service of social case work may be aid and cooperation extended over a long period of time to promote the better social adjustment of a family or individual with many complicated problems, or it may be limited to one interview in which the social worker explains the function of the agency she represents and the basis of agency assistance. If such an interview clarifies the situation and enables the client to see himself in proper relation to the service of the agency, a measure of social adjustment is achieved.

Service by the social case worker in a particular situation may be simply referral of an individual to a hospital clinic or a recreation center. By connecting the individual with the agency for improving health or the organization for increasing leisure-time skills, such referral is a step in his social adjustment.

When the social case worker gives an intelligently sympathetic hearing to a client's story, the release of client tension and the lifting of his emotional burden which result are progress toward social adjustment.

The professional objective of the social case worker may be attained in brief or extended service through simple or complex processes. The situation, the needs of the client, the function of the agency, and the equipment of the worker

will determine the extent of the service. The ability of the worker to utilize effectively the case-study method, social resources, and knowledge from related fields of learning will largely determine the character of social adjustment achieved.

The Scientific Attitude.—Inherent in any profession is the obligation to maintain the scientific approach to all problems and situations. In social case work objectivity and freedom from emotional bias should be maintained, truth sought and sensationalism avoided, and all facts weighed carefully before drawing conclusions. No theories or professional formulations should be accepted as final. Social case workers should be alert to change and have the scientist's interest in analysis and experimentation. Peculiarly essential in a profession serving human beings is intelligent awareness of real values, appreciation of individual differences, and respect for the integrity of human personality.

No Ethical Judgments.—In their desire to maintain the scientific attitude, social case workers have abrogated ethical judgments. Clients are no longer judged to be *worthy* or *unworthy* of assistance. The case worker has respect and tolerance for the standards of others. She recognizes that bad, good, lazy, shiftless, degenerate, deserving, and thrifty are relative ratings, judgments from the viewpoint of certain standards often having no rational content.

The social case worker endeavors to understand why people behave as they do rather than to judge overt behavior.

Professional Contribution.—Every social worker has the obligation to make some contribution from her thinking and experience to social work knowledge. The needs of the 20,000,000 persons on government relief as well as those of the millions living at bare subsistence level, challenge social case work skills and call for the whole strength and power of the profession. Every social worker has the obligation to share the fruits of her practice with her co-workers and with state and national professional organizations, and to contribute to professional publications. Social adjustment service to human beings is a huge, complex, and infinitely

varying task, and the best of knowledge and experience should be brought to its practice.

A social case worker may feel content and secure in the cooperation of her community and co-workers and believe she is doing the best possible job, but unless she takes time to examine her performance, analyze her failures and successes, and plan to improve her practice she is not professional. Unless she contributes from her experience for the guidance and instruction of other social workers, she is limiting the value and professional scope of her performance.

In social work today procedures are needed which have been tested by practitioners on the job. Students and workers should feel free to analyze, criticize, and experiment. Basic theory and fundamental principles are important, but knowledge of how theory and recommended procedures work out in practice is essential.

Respect for the Client.—The social case worker has respect for the personality and life experiences of the client as well as regard for the client's right as an individual to control his own affairs. However client behavior may deviate from her own or society's standards, the case worker appreciates the fact that patterns of conduct are social products. The worker aids and counsels but is careful not to dominate. Where sickness, mental deficiency, or serious emotional disturbance makes it necessary for the social case worker to function importantly, she is watchful to assist the client to help himself within the limits of his ability. Where there is conflict between client plans and social demands the case worker uses her professional skill to bring about the most satisfying adjustment possible for the client.

No Stereotypes.—Social case work deals with social beings in social situations. Since no two people are or can be alike and no two situations are ever exactly the same, adaptations, adjustments, and changes in case work methods will always be necessary. Therefore, the case worker cannot depend upon stereotypes; she must respond in terms of the immediate situation. The case worker knows that the way a person acts in any situation is determined not only by the situation but by the complex whole of the person's previous life ex-

periences and his hereditary endowment. As the case worker meets client after client she learns more about people and how and why individuals behave as they do in certain situations. This knowledge of human behavior aids her when she meets new clients in new situations. The social case worker's education and training should equip her to profit from all her experiences and to function creatively in terms of service for each client in his social situation.

Understanding of Setting.—The extent of the social adjustment possible in a particular situation will depend upon the setting in which the case worker and the client find themselves. The function of the agency, the size of the worker's case load, the education and training of the social worker, community attitudes, cultural patterns, and the extent of social resources constitute considerations of setting which should be taken into account. The greater the limitations or complexities in the setting, the greater the need for skill and creative ability on the part of the social case worker. If agency function or size of case load limit the time or service which can be allowed the client, the social case worker still has the obligation to function professionally to the limit of her ability. The greater the handicaps to adequate social service, the greater the need for worker sensitization to problem and situation and skill in relationship therapy.

Where cultural patterns and community attitudes offer hindrances to social work services or where social resources are nonexistent or limited, it is inescapably the obligation of the social case worker to participate in educational efforts to develop new attitudes and discover resources. Such participation requires special knowledge and skill which should be part of the equipment of those planning to do social case work in socially backward areas.

Confidential Relationship.—Implicit in the integrity of social case work as a profession is regard for the confidential nature of the whole relationship between client and case worker. It is essential to ease and rapport in all contacts with the client that he know his confidences will be respected. Information about clients and their affairs should not get beyond protected case records.

Students who have access to case records in their field-work practice should not violate the obligation to treat all information as confidential. In case committee meetings this point of professional ethics should be emphasized. When case-study material is used in research studies, all identifying details should be removed or changed carefully to prevent recognition. In preparing case stories for publication, no actual names, addresses, or situations should be used. It is possible to change the details of situation and type of need without sacrificing desired emphases on areas and principles of social work practice.

Philosophy of Worker.—In seeking the greatest possible measure of the good life for clients it is essential that social case workers have their own life values established. If life has beauty and meaning for the case worker and if she has achieved the personal integration which comes from having a satisfying philosophy of life, the value of her services is immeasurably increased. To see hidden loveliness in meager lives, to appreciate the nobility of the courage of the poor and to find value where the casual observer sees none, are possible only to social case workers who are well integrated and well oriented to their lifework.

Both for success in her work and for her own happiness and contentment, the social case worker needs a clearly formulated philosophy of life.

QUESTIONS FOR DISCUSSION

1. Give a working definition of social case work.
2. What is the professional objective of social case work?
3. In what ways does a case worker show the scientific approach in her work?
4. Are contributions from county case workers needed to advance the profession of social case work? Why?
5. In what ways can the case worker show she has respect for the personality of a client?
6. Why cannot a case worker depend on stereotyped procedures?
7. Why should the relationship between the case worker and the welfare client be kept confidential?
8. Why is it particularly important for a social case worker to have a clearly formulated philosophy of life?

ACTIVITIES

Have each member of the class put in writing his philosophy of life.

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Unit V

THE SOCIAL CASE STUDY

Chapters 10, 11, and 12

CHAPTER 10

NATURE AND CONTENT

Definition.—A social case study is the analysis of the problems and needs of an individual in the light of full knowledge about him and his past and present environment with a view to assisting him to make the best possible social adjustment.

The Case Record.—The accumulation of facts and findings in a social case study constitute the case record. The complete record for each case is kept in a special folder or envelope and may include correspondence, medical reports, results of psychometric tests, school records, employment histories, references, affidavits of birth and residence, narrative accounts of interviews, home visits, and services by the case worker, and her analysis of problems and interpretations of behavior, as well as information furnished by individuals and agencies interested in the case.

Diagnosis and Treatment.—The terms diagnosis and treatment occur frequently in social case work literature. Since the terms are borrowed from medical science, it is necessary to understand the significance of their use in social case work. *Diagnosis* in case work practice refers to conclusions and interpretations of case workers regarding the problems and needs of clients, and the term *treatment* to measures which case workers take to help meet the problems and to aid in the social adjustment of clients. Because the terms *diagnosis* and *treatment* have long been used in medicine as

implying something quite definitive and specific, they should be used with caution in social case work practice.

Social diagnosis is difficult and necessarily temporary because of the constant shifting of contributing factors in a situation and the variableness and unpredictability of human personality and conduct. Experienced case workers are reluctant to refer to their conclusions at any time as anything more than findings.

The careless use of the term *treatment* in social case work has led to misunderstanding of case work processes. Since the medical term *treatment* means specifically the purposeful application of a remedy for cure or relief of disease, there has been a tendency to think of treatment in social case work as a special process to be undertaken only by psychiatric social workers or by social case workers skilled in interviewing or manipulative techniques or, narrowly, to think of treatment as the process of referral of a client to a physician, clinic, recreation center, nursing home, or other agency for treatment.

Today, with the increase in knowledge and understanding of social workers, treatment is recognized as a constant factor in all case work processes. From the field of sociology we have learned of the influence of environmental factors on human emotions and behavior, and therefore attractive, pleasant offices with privacy for interviews and courteous reception of all clients are definitely part of treatment in social case work. From psychology we have learned of the importance of personal relationships. Therefore, every personal contact with clients, whether of an office clerk or the supervising director, is seen as treatment. The client is being helped or hindered in every step of his relations with the case work agency. Treatment is as constant and inevitable as the interactions in any social situation.

The term "client" is likewise borrowed. It has come to mean, however, one dependent on or under the protection of another as well as one who seeks the professional services of a lawyer. As a term to use in referring to those served by social agencies, it is preferable to such prejudicial terms as the poor, the needy, the underprivileged, or the disadvantaged.

Extent.—While the extent of the case study may be limited by the function of the social agency, the expressed wishes of the client, the judgment of the case worker, or by practical considerations of large case loads and inadequate staff, experience has shown that case work services to be valuable must be based on comprehensive case studies. Any help given a client should be given only in the light of knowledge and understanding of all the factors in his situation. Obvious needs frequently obscure deep-seated maladjustments which are only aggravated by palliative measures. The skill of the case worker lies in her ability to make thorough study and analysis of the client in his situation with a minimum of strain on the client and despite limitations of time and staff. Expertness in making case studies can come only with wide experience in observing and studying all kinds of people in all kinds of situations.

VALUES

To the Client.—In cooperating with the case worker in her task of securing information about himself and his social situation for the case study, the client is undoubtedly helped to think objectively about his situation and to gain a perspective and clearer understanding of his own problems. However, if the case worker does not succeed in giving him a sense of partnership in the process the client is apt to resent being *investigated*. When agency regulations require exhaustive inquiry into the client's affairs, that fact and the reasons for it should be made clear to the client and his willing cooperation secured.

If the situation of the client has produced such emotional stress that he cannot bear to talk about it, the case worker's inquiry should be geared to avoid affront and secure maximum present benefit for the client. The purpose of the inquiry is to help the client and should never be an inquiry for the sake of an inquiry.

When the client understands the reasons for the case worker's questions and realizes that the services he and other clients receive are based on analysis of actualities in each situation, he is appreciative that aid is being administered justly.

The case study often reveals need for a service which the case worker's agency is not organized to provide, but if the worker is knowledgeable about social resources she can contact the proper agency in the interest of the client and his family. Counseling and guidance of clients are intelligent only if they are based on comprehensive case studies.

When the case study is completed the client's case record is filed. Continued interest and effort in his behalf are assured the client as long as his case remains active. If his case has been closed or for any reason inactive, it may be reopened at any time his circumstances require and agency regulations permit. Preliminary questioning need not be repeated for the case study has established the basis of his relationship to the agency.

To the Case Worker.—The more extensive the knowledge acquired about a case, the greater are the chances for accurate interpretations by the case worker. Careful survey of all relevant facts insures proper judgments and wise planning for the client.

The case study furnishes the background of knowledge and understanding which makes possible improvements in the case worker's practice. Because the case study is a scientific method it enhances the efforts of case workers and protects them from their own unscientific proclivities as well as those of clients and the public.

To the Agency.—Case studies, accurately and intelligently recorded, are helpful to agency administrators in planning for extension of social services and development of social resources and in evaluating professional performance of case workers.

Case studies not only give concrete, vivid pictures of client needs, but show the character and value of agency services to clients.

In public welfare agencies where large expenditures of public funds are involved, records of case studies are frequently used to validate such expenditures. Such use is apt to influence the recording and the case record becomes only a daybook of activities and services.

Where case records are used to judge skill and performance of case workers, there is danger they will be written

largely to please case supervisors. Agency policies which defeat the primary function of the case study, that of serving as a scientific tool in a social adjustment service, should be avoided.

Other Values.—Case studies are realistic material important in the teaching of case work methods and procedures. Social case studies furnish definite information on how unemployment, sickness, insecurity, and other catastrophes affect the lives of individuals, and are therefore important to programs of rehabilitation and social planning. In programs of social action, case studies furnish human documents needed to balance statistical presentations.

HISTORY OF DEVELOPMENT

Listing Facts.—In the early days of the charity organization societies the only information considered essential in their services was data to establish identity and need of recipients of charity and to prevent duplication and waste of funds. Name, address, number of children, statement of need, names of relatives who might assist, and names of agencies which had helped or were helping the case generally constituted the extent of the inquiry.

Recording Judgments.—To aid in determining a client's worthiness or unworthiness to receive charity, the judgment of the case worker of the character of the client was added. The case worker's opinion of a person and her reaction to his situation were considered important.

Exhaustive Exploration.—When experience proved that case workers, like other human beings, were apt to allow bias to influence their reactions to people and conditions, exhaustive exploration for all obtainable information in a client's history was made a case work procedure. Regardless of client feelings in the matter, every relative, neighbor, former neighbor, priest, teacher, grocer, butcher, banker, or any other individual whose name could be secured from the reluctant client, were visited and the details of what they had to say and their attitudes toward the client were recorded. The difficulties of weighing and evaluating all the information accumulated, much of it largely gossip, and the loss of rapport with the client because of the checking

and double-checking of his statements overbalanced any possible value in the large sampling of what people had to say about the client.

Scientific Content.—Today knowledge and techniques developed in psychology, psychiatry, sociology, education, medicine, and other related fields of learning enable the case worker to give the case study scientific content.

It is no longer necessary to depend on the judgments of neighbors and relatives as to the level of intelligence of a client, his emotional stability, or his vocational aptitudes; standardized tests give us reliable information about these. Desirable objectivity and impartiality can be attained by the case worker more surely through the understanding of her own mental and emotional processes which the developments in psychology have made possible than through weighing the opinions of many relatives and neighbors.

We now realize that what the client thinks of his own problems and what his situation means to him are more important to his social adjustment than the ideas or opinions of other people.

There is a present trend in social work to emphasize the study of personal and social relationships within a home. The physical condition or economic level of a home is not considered as vital as the attitudes of the members of the client's family toward each other and the values people in his environment have for him. For example, it is known that removal to a better physical environment does not mean adjustment for a delinquent boy so long as the members of his family or his neighborhood gang have values for him, such as belongingness, acceptance, and recognition, for which no substitutes are offered in the new environment.

In the matter of case recording there is increasing recognition of the inevitability that the needs of the client, the individuality of the case worker, and the limitations of agency function will largely determine the form and content of the record of a case. While there will always be need for a minimum of essential information in a case record, such as names, addresses, employment record, size of family, and character of resources, the trend in case recording is definitely

away from insistence on uniform content and on following outlines in securing information. There is increasing emphasis on readable case records; the demand is for clarity, brevity, individuality, and style in the writing. Since case studies are the scientific instruments in case work practice, case workers should possess skills in writing them to be properly implemented.

PRESENT EMPHASES

Rapport.—An important preliminary step in the case study is the establishment of friendly relations with the client. This is essential to securing reliable and significant information. There are no stereotyped methods or formulas which can be used to help the case worker secure the interest and cooperation of clients. If the case worker has a genuine interest and liking for people and is intelligently responsive to real values in a situation, rapport is not difficult to attain.

There is seldom need for a case worker to be anything but sincere, honest, and straightforward with a client. If artifice is used to get a client to reveal information he does not wish to reveal, or if under compulsion he gives information unwillingly, rapport is sacrificed and the value of the case worker's service suffers.

The Client's Story.—Today, emphasis is placed on the importance of having the client tell his own story. While a few friendly introductory remarks may be necessary to put a client at ease in an interview, care is taken to give the client early opportunity to tell his story in his own way. Apart from the content of his story, which is valuable, much can be learned by the case worker about the client himself, his attitudes, problems, and tensions, from intelligent observation of him as he tells his story. During the recital the case worker is alert to discern (1) what the client's problem is as he sees it, (2) what other individuals are involved and to what extent, (3) what the client's purpose was in coming to the agency, (4) what he expects of the agency, (5) the relation of the function of the agency to his expectations and needs, and (6) what help is needed immediately. The case worker is alert also to discover evidence of problems other than those presented by the client, and often

sees the need for more information in many places in the recital. She does not interrupt his story, however, but plans a time and place for securing the additional facts.

Social workers have found a careful recording of the client's own story and his contributions to subsequent interviews to be invaluable in their efforts to assist the client to make satisfactory social adjustment.

Skill and experience are needed to enable the case worker to resolve clients' oftentimes rambling stories. She has the task of discerning which facts are true and which probably colored by the needs and emotions of the client; and in analyzing the client's story the case worker is obligated to be on guard that her own needs or emotional involvements do not color her interpretations.

AREAS OF KNOWLEDGE

While case studies in a social adjustment service should be as comprehensive as possible, limitations of agency function, size of case load, and judgment of the case worker compel selection of areas of knowledge to be explored in serving any particular client.

Social case workers are agreed that intensive study of areas of knowledge significant in a case is more valuable than a superficial survey of a standard list of general areas. However, there is danger that case workers may follow up areas of information in line with personal bias or preconceived ideas about causes of maladjustment. A safe criterion for determining what areas to explore is whether they offer possible avenues of aid in the client's social adjustment.

The following are brief descriptions of some of the areas in which information is sought for the social case study. Only a portion of the knowledge in any area may be needed in a particular case, and additional and more detailed information may be required in some cases. The areas of information, as given below, are not mutually exclusive.

FAMILY HISTORY.—When a study of the family history is indicated in a case of client need, the case worker will include the following data:

Personal—names of parents, children, and other members of the household; places of birth and birth dates; nationality,

religion, education; former residences, employment record; present and former marriages, divorces, custody of children, and names and addresses of relatives and interested friends.

Psychological—attitudes of parents toward each other, toward their own life experiences, and toward their children, and of the children toward each other and their parents; goals and satisfactions different members of the family seek; degree of freedom from anxieties in the home; marital difficulties; behavior problems; mental levels; emotional stability; parental discipline; family conflicts and tensions; early conditioning experiences of children.

Physical—health of members of the family; cleanliness, order, sleeping arrangements, sunlight and air in the home; kind, amount, and preparation of family's food; sufficiency of proper clothing; observance of primary health rules; exercise and play habits.

Sociological—cultural interests; group affiliations; recreational activities; community of interests; cultural disparity between parents; roles played by various members of the family in the community.

ENVIRONMENT.—Special study is made of the environment in cases of children to be placed in foster homes, or where child delinquency is a problem, or where psychological problems are involved in a change in economic or social status, or where the difficulties of the family are aggravated by neighborhood conditions. In such cases social workers seek particularized information as follows:

Physical—purity of food, water, and milk supply; sanitary conditions in home and neighborhood; recreational facilities; housing conditions; transportation; working conditions of employed members of the family; sleeping arrangements in the home; adequacy of house furnishings for healthful living.

Psychological—the character of mental and emotional environmental influences, including anxieties, tensions, attitudes, behavior, drives, satisfactions sought, adaptability and level of maturity of different members of the family, and roles played by each.

Sociological—problems in the neighborhood, such as overcrowding, unemployment, standards of living, status of the

neighborhood in the larger community; extent of crime, juvenile delinquency, broken homes, community recreational and educational opportunities; number of cellar clubs, pool-rooms, saloons, and gambling halls; leisure-time habits of family; social relationships and community services of members of the family.

ECONOMIC AREA.—In situations of unemployment or unemployability, where the case worker must determine eligibility for public assistance, she explores the economic area for:

History of employment—names and addresses of past and present employers of working members of the family; kind of jobs held, whether skilled or unskilled, clerical or professional, and whether temporary or seasonal; causes of expiration of jobs; training on the jobs; promotions; wages earned; job satisfactions.

Vocational aptitudes—use of standardized tests, wherever possible to determine vocational aptitudes of employable members of the family, their intelligence level, vocational bent and ambitions, and personality and character traits.

Income in family—income from all sources; property owned; insurance; pensions; expenditures for all purposes; budgetary needs; possible ways of increasing income.

Debts—listing of all debts; family attitude toward them and plan for payment. (Frequently the burden of indebtedness produces stresses and strains on the client and his family far-reaching in their ill effects; planning intelligently with the client about his debts is an important phase of exploration in the economic area. If legal advice is needed, effort should be made to secure it.)

Plans—encouraging clients to think through their own problems and to take initiative in planning for their present and future.

HEALTH.—Sickness and chronic disability are 87 per cent higher among relief clients than among individuals having incomes of \$3,000 and more. The cognizance of health problems in client families is, therefore, important. Malnutrition, poor housing, insufficient clothing, and insecurity are all health hazards. Where conditions of health require immediate medical attention all possible health resources are contacted to secure the needed medical service.

RESOURCES.—In social services to clients full knowledge of social resources is essential. In instances where agency function does not permit complete service to a client, available resources which could possibly function for the client's continuing need should be thoroughly explored. Where resources do not exist, the case worker should cooperate in developing services to meet client needs, and likewise explore individual and family resources for self-help.

In conclusion, the exploration of any area of knowledge to increase understanding of the client and his problems should never be mechanical or routinized. Scientific observation, study, and analysis of distinctive individuals in infinitely varying situations compel individualization of procedures.

QUESTIONS FOR DISCUSSION

1. What is a social case study?
2. Define diagnosis and treatment as used in social case work practice.
3. Is the case study a scientific procedure? Why?
4. What is the function of the client in the case study?
5. Name four large areas which are sources of information for a case study.
6. What information should be secured before placing a child in a foster home?
7. Why are there few set procedures in the case study?

ACTIVITY

Discussion of reasons for client resentment of being "investigated" by a social worker.

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CHAPTER I I

CASE RECORDING

RECORDING the findings and information acquired in a case study involves problems in (1) content, (2) organization of material, and (3) writing skills. Large case loads, lack of appropriate skills on the part of case workers, and inadequate stenographic and clerical help, all serve to complicate the problems of proper case recording.

What information should appear in the written record of a case? What method of organization and arrangement of material can be employed to make clear the processes and progress in the study, which will not be too great a burden on the case worker? What skills in writing should case workers acquire to make their case recording effective and valuable? The last two questions cannot be resolved, of course, until some conclusion is reached as to content.

CONTENT

Nature of the Material.—Case record material is the very stuff of life itself. Tragedy, humor, pathos, self-sacrifice, misery, and degradation, as well as the inhumanity of child neglect, the reproach of youth frustration, and the economic waste of middle-age defeat—all these and more are comprised in the lives of those whose names appear on social case records. The factors which have contributed and are now contributing to form the patterns of their lives are so infinitely diverse and complex that the selection of material most relevant to their present problems is extremely difficult. To properly appreciate an individual in his present situation requires knowledge of all the persons, places, and events which have had a share in his on-going life experiences, as well as an understanding of their effect on him and his reactions to them.

Besides the minimum of essential factual information, the

case worker decides what shall be the content of any case record in the light of client needs, agency policies, and her own skills and understanding of the purpose of a case record.

Facts.—Any conditions, circumstances, or events that are matters of positive knowledge and can be confirmed by documents, judgment of experts, or examinations, constitute the factual data in a case study. Included are social data, such as dates of births and marriages, school records, and reports of medical examinations, and data as to rooms, windows, beds, and plumbing in a home. Statements of civil authorities and specialists can usually be accepted as facts, but gossip, hearsay, and lay opinion should be verified.

Face sheets, application blanks, and other forms provide for the recording of most of the factual information in a case. There is no need to repeat such facts in the narrative portion of the case record.

Observations, analyses, and plans for treatment should always be of actualities. The case worker distinguishes in her case recording between fact and inference or judgment. A safe procedure is to carefully analyze any accumulation of information, and in recording it to indicate by special paragraphing or marginal notes which is fact and which judgment or findings.

Client's Own Story.—An important part of any case study is the client's own version of his present situation and it is recorded as nearly as possible in his own words, but edited in the interest of brevity and coherence where necessary. If other individuals are involved in the client's difficulties their stories should be recorded also.

In assisting with the problems of a family, all the adult members of the family group should be given opportunity to participate and cooperate in the case study. Where possible their views and plans are recorded as expressed in their own words.

As it is generally inadvisable to take notes during an interview or conference, the case worker should write up stories as soon after they are told as practicable in order to record them as literally as possible.

Not only the client's initial story is recorded, but his sub-

sequent suggestions, opinions, and attitudes should appear in the written record of his case.

Criticism has been made of social case records that welfare clients are seldom allowed to speak for themselves. Their situations, needs, and desires are presented generally from the point of view of the case worker only.

The client's story is important, not only as a method of individualizing him and his problems, but because it serves as a basis for weighing case worker judgments. When mistakes are made in interpretations and treatment plans prove unsuccessful, the client's own story can be restudied and re-evaluated by the case worker.

Observations.—The case worker's observations constitute an essential part of any case record, but too much prominence should not be given to them. The value of any observation depends, of course, upon the background of knowledge and life experience which the case worker brings to the situation and upon the extent to which she has been trained to observe correctly.

Case workers should review their observations before writing them and reserve only those which are objective and have direct bearing on the problems in the case.

Because it is difficult to determine which observations are significant and which are not, some case workers advocate full recording of all observations in the hope that some recurring aspect may prove significant. Such recording is impractical for most welfare agencies. Generally case workers have the task of selecting from their observations those which seem to them to be relevant in a particular situation.

In some instances significant factors are overlooked by case workers who err in making too narrow a selection. The inexperienced case worker should include too much rather than too little of what she observes. If she observes something which clarifies a situation for her, she should write it into the record of the case. If she observes something which she believes should be taken into account in working out a solution of a client problem, she should include that in the record also.

Ability to see and relate happenings and facets of a situation is essential to good case recording.

Interpretations.—Interpretations of situations and behavior are necessarily subjective, for in them the case worker tells what meanings different situations and forms of behavior have for her. Interpretations clarify facts and observations in the light of case worker knowledge and understanding, and should be included in the written record of a case. They should be carefully labeled, however, and set apart from factual material.

Determining Need.—Analysis of client needs should have a regular place in the written record of a case. After facts have been recorded, observations and interpretations added, the case worker's diagnosis of present needs should be entered. When such needs change, proper entries by the case worker should record the changes.

Periodic analysis of client needs should reveal trends in his rehabilitation. If a noticeable measure of social adjustment has been attained by the client it is probable his needs have been correctly diagnosed.

At each step in the case study the case worker records her findings, regardless of whether they contradict previous interpretations or call for a right-about-face in treatment. If the case worker is scientifically fearless and honest in this respect, the case record will show development in her powers of observation and interpretation as well as progress in service to the client.

Plan of Treatment.—The plan which has been worked out by the case worker in cooperation with the client to bring about the best possible social adjustment for the client is an essential part of the written record of a case. Following the diagnosis of needs, the next step is to plan to do something about them.

What the client thinks he and the agency should do is written into the record of the case. His plan is carefully labeled, and followed by the statement of the case worker as to what she believes needs to be done or can be done, and her reactions to the client's plan. Plans are reformulated and restated as the client's situation or needs change.

Evaluation.—Periodic evaluations are made of the progress of a case. Case workers reread their case records from time to time and analyze their content in the light of in-

creased knowledge of the cases. Many case workers know more about their clients and do more for them than they record, frequently because of lack of time and clerical assistance for recording. However, proper case recording is the only scientific check on the value of their work. It is the case worker's professional obligation to return to her case records to re-evaluate findings and treatment and to change procedures and plans when necessary.

TYPES OF RECORDING

In general, the forms of case recording used are chronological, summary, and process. However, social case workers sometimes find combinations of these forms effective.

Chronological.—Writing up information under the date it was secured is the chronological method of recording. In agencies where case workers have case loads of one hundred to three hundred cases, and are not able to see clients more often than once in every three to six weeks, this method has been judged most practical.

Summaries are made periodically in the chronological type of recording to facilitate study and to insure review of information accumulated.

Summary.—Where contacts with clients are more frequent and chronological entries become repetitious, case workers find the summary type of recording more advisable. They take notes and make summaries of data at regular intervals, usually biweekly or monthly. Essential in such recording, of course, is the careful jotting down of information and happenings. The case worker should not rely on her memory.

Process.—Process recording is valuable in student training and in psychiatric case work where analysis of process is important to reveal attitudes, reactions to treatment, and progress. Such recording is not generally organized or edited but flows along as a combined narrative of occurrences and case work processes.

Process recording is cumbersome, time-consuming, and expensive. It is not recommended for general case work practice but it is valuable where there are opportunities and funds for scientific analysis and research in case work processes.

TECHNIQUES IN ORGANIZATION

Organization of material facilitates the work of recording and makes the record clear and understandable and its information readily available. In chronological and summary types of recording the rules for effective organization are practically the same.

Marginal Notations.—The arrangement of the case worker's narrative account is important. A widely used device is to leave about an inch and a half margin at the left of the page for notations which give a key to the information recorded opposite. For example, a paragraph or more about a client's health would be identified by the notation in the margin, "Mr. X's Health," or a paragraph about a client's work record would have the marginal notation, "Mr. Y's Employment History." If any problem arose about Mr. X's health or Mr. Y's employment record, the information in the record could be quickly located. An additional advantage of this device is that it requires the case worker to organize content of a record logically.

Outlining.—In organizing the material for the case record an outline is the case worker's first task. All the facts to be recorded should be jotted down, such as health, employment, marital situation, school record, or housing, and under each fact or set of facts are arranged observations, interpretations, client story, or other material relating to it. Then decision is made on a logical order for the divisions of the outline. Marginal notes correspond generally to the divisions of the outline. The case worker is then ready to dictate the narrative record.

Outlining may seem burdensome and time-consuming at first but continued practice in organizing, sorting, and arranging material leads to orderly thinking and planning and soon results in speeding up the recording process.

After facts, observations, and interpretations have been recorded, the case worker's analysis of problems and plan of treatment should be placed in the record. Analysis is usually made at the end of the chronological or summary entry, but where consideration of a single subject, such as employment or health, is of primary importance the diag-

nosis and recommended treatment may appear immediately following the facts presented regarding the subject. Clear indication should be made on the margin as to the presence in the paragraph of a "Diagnosis," or a "Plan of Treatment."

Paragraphing.—Skill in construction of paragraphs in the narrative account aids workers in writing unified case records. A paragraph should not develop more than one subject, which subject should be indicated in the beginning sentence of the paragraph. Each sentence following in the paragraph should bear on that subject, developing it succinctly and logically. Unrelated material should be kept out. If such material is important it should be developed in a paragraph of its own.

Paragraphs may have just a few sentences or they may have many, but to facilitate reading and study of the case record short paragraphs are preferable.

Sentence Structure.—Each sentence should have but one subject, simple or compound, and its content refer to that subject alone. Confused sentences with subject not clear and cluttered with maundering, useless words should be avoided.

Skill in writing short sentences should be cultivated by case workers. When sentences are short they are readily understood and there is less danger of incorrect inference.

Choice of Words.—Words used in writing the case record should be concrete and concise. Abstractions, figures of speech, and bookish terms lead to confusion and misunderstanding.

Words are concrete when they refer to specific objects, events, or situations; abstractions have generalized implications which may or may not have meaning for a reader. For example, to describe a client's home in terms of its leaking roof, broken windowpanes, and flooded cellar, is to picture it concretely; whereas to record that the physical environment is hazardous does not present a picture nor a meaning to most people. Concrete words lend vigor to statements recorded and search for concrete terms is conducive to objectivity.

Our words are concise when they express what we mean in as few words as possible. Long and tedious case records

result when case workers fail to express themselves concisely. All words which do not directly advance an idea should be stricken out of a sentence. It is essential that case workers learn to write succinctly. To attain such skill in writing may entail rewriting records at first but practice in tightening up paragraphs and sentences, making one word do the work of many, is rewarding.

Style.—There is no criterion for style in case recording beyond the demands for simplicity and clarity. To write simply of our observations and interpretations requires clear thinking and skill in perceiving relationships. One rule that insures clarity is to write only about what we know. We are apt to ramble confusedly when we attempt to write about something of which we have little knowledge.

QUESTIONS FOR DISCUSSION

1. What situations complicate proper case recording?
2. What factors influence the content of a case record?
3. Should the whole of a client's rambling story be put into the record of his case? Why?
4. What considerations govern recording of case worker observations and interpretations in the case study?
5. Why should a case worker reread case records periodically?
6. Name three types of case recording.
7. In organization of material for the case record what is the first essential?

ACTIVITIES

1. Have students select and analyze three paragraphs from different case records for subject and ideas developed, choice of words, clarity, conciseness, and interest.
2. Arrange a group discussion of the case record value of sentences selected from professional social work literature or case records.

SELECTED READINGS

- BRISTOL, MARGARET COCHRAN, *Handbook on Social Case Recording*, Chicago, University of Chicago Press, 1937.
- HAMILTON, GORDON, *Social Case Recording*, New York, Columbia University Press, 1936.

STREET, ELWOOD, *The Public Welfare Administrator*, New York, McGraw-Hill Book Co., Inc., 1940, pp. 254-287.

WEAD, MARGARET, "Recent Changes in Record Writing," New York, *The Family*, May, 1932.

WOOLLEY, EDWIN C. and SCOTT, FRANKLIN W., *New Handbook of Composition*, New York, D. C. Heath & Co., 1926.

CRITERIA OF A SCIENTIFIC SOCIAL CASE STUDY

THE following criteria have been set up to aid students of case work practice to make analysis of case studies. The measures for judging are in the form of questions planned to induce constructive critical analysis and to encourage intelligent search for values.

Both group discussion and individual analysis of case studies prove most worth while when they are based on definite criteria.

1. Are sufficient data presented to give a valid picture of the client in his situation?
2. Does the information given furnish adequate bases for the interpretations made by the case worker?
3. Are the judgments of the case worker arrived at scientifically?
 - a. Are they in accord with principles established in related fields of knowledge, as psychology, sociology, and economics?
 - b. Does the case worker remain scientifically objective throughout or does evidence of bias appear?
 - c. Are all known factors in each situation taken into consideration before inferences are made?
 - d. Where a conclusion is drawn are others possible? If so, are valid reasons given for the choice?
4. Are social resources employed to the fullest possible extent?
5. Are the social services rendered the best possible under the existing circumstances?
6. Is client participation and cooperation sought throughout the case study?
7. Are client initiative and self-help encouraged wherever possible?
8. Are consistent efforts made to preserve undamaged the personality of the client in all his contacts with the agency?
9. What measure of social adjustment results for the client?

Analyses of case studies in the light of these criteria promote students' understanding of principles and procedures of case work practice and give them appreciation of the necessity to make these apparent in the records of case studies.

It is undoubtedly true that some case workers are better case workers, perhaps, than their case records indicate. However, it is their professional obligation to make the record of any case a scientific document. Just as the constituents in a chemical formula must be recorded exactly if the formula is to benefit society and also serve as a basis for later developments in chemistry, so every important detail in the social adjustment of an individual should be made to count for the good of all members of society and for the improvement of social case work practice.

ACTIVITIES

1. Have each student select one case study from the volumes of case records listed in the bibliography at the end of this chapter and analyze it in terms of the above criteria.
2. Arrange a group discussion of a case record, perhaps dividing the class into two groups—one group to raise the points of criticism and the other to defend the record.

SELECTED READINGS

- DIXON, ELIZABETH S., and BROWNING, GRACE A., *Social Case Records*, Chicago, University of Chicago Press, 1938.
- HOLLIS, FLORENCE, *Social Case Work in Practice*, New York, Family Welfare Association of America, 1939.

Unit VI

SOCIAL RESOURCES

Chapters 13, 14, and 15

CHAPTER 13

LOCATION OF SOCIAL RESOURCES

THE case worker should know the location of social resources which are actually or potentially avenues of assistance in the social adjustment of a client.

Such resources include not only the facilities of the agency she represents and those it shares with cooperating agencies, but the resources which exist in the client himself, in the person of the case worker, in interested citizens and neighbors, in the client's family and relatives, in public officials and institutions, and in special groups, individual leaders, and organizations in the community, as well as in particular national, state, and local agencies, in knowledge of social legislation, and in official documents, and records.

IN THE INDIVIDUAL

Client.—Of all possible sources of help for a client, his own personal resources should be examined first. Not only his material possessions should be ascertained but his resources of ability and personality.

What social assets has he? What trade skills? What plus traits of personality? Has he the capacity for self-dependence if aid is extended in the form of guidance, vocational training, or a loan for the tools of a trade? These and other questions arise in analyzing client capabilities.

Client attitudes are particularly important and if a client

can be helped to regain self-confidence and ambition he can very often function creatively in his own behalf.

Case Worker.—The case worker should bring to each situation sincere interest and the maximum understanding of which she is capable. As the representative of a social agency she is likewise under obligation to give the client the best agency service. If she finds herself personally unable to secure the rapport necessary to a satisfying treatment relationship she should refer the client to another worker in the agency; but she should do this only if careful self-analysis shows she has exerted herself to the utmost in the client's behalf. Another worker may be personally so constituted that the client responds to her more readily or she may possess a greater measure of the social skills required to obtain rapport.

As a resource, the case worker has the additional obligation of referring a client to another social agency if the funds or function of her own agency are too restricted to meet the needs of the client. If no agency exists which can better serve the client she has the task of endeavoring to locate organizations or individuals who may be able to help him.

Thus the case worker, once contacted by a client, insures him that continuous interest and service which promotes client trust and confidence in her as a social resource.

Interested Individuals.—The friendly aid which lay individuals can give to welfare clients is a valuable resource if intelligently used. Case workers may have to work to promote better understanding by these individuals of social case work procedures, and likewise to change the condemnatory attitudes of some as well as the undue sentimentality of others. However, all efforts to win the constructive participation of interested individuals in social services to welfare clients are worth while. The value to the client in the social relationships established, in most instances outweighs any possible harm through use of unorthodox procedures.

IN THE FAMILY

Husband and Wife.—Both the husband and wife in a family situation should be interviewed and studied to determine

their present worth and potential value in constructive efforts for the family's rehabilitation.

If the husband makes direct application to the agency for assistance and evinces lack of personal plus resources, it is possible his wife alone or she with his help may take an important part in working out the problems of the family.

No services should be planned or initiated before a thorough study of both husband and wife and the role each plays in the family. Through understanding counsel and encouragement from the case worker, husband and wife may be helped to supplement each other's strengths or compensate for each other's weaknesses in such a way that the total family situation is improved without recourse to outside resources.

The Children.—In many instances the only hope for a family's rehabilitation and future well-being lies in the children. A careful study should be made to determine their present contributions in the family situation. Their physical and mental abilities should be ascertained. Steps should be taken to insure their good health and normal development, and plans made for their educational and vocational training. The children of working age should be given vocational guidance and assistance in securing employment. As valuable potential resources, all children should be protected as much as possible from the emotional strains of their families' insecurity, and parent cooperation should be enlisted to this end.

Relatives.—The worth of relatives as resources varies because of the many human and social factors involved in kin relationships. Clients frequently do not wish their relatives consulted about their problems or plans; relatives generally seek to avoid kin responsibilities which may become burdensome. However, relatives are potentially valuable resources in any case study.

Client cooperation should be secured in any plan to contact relatives. Case workers should study client-relative relationships. A client's opinions and attitudes toward his relatives may disclose important facts about his family or his early life experiences, or they may reveal frustrations and anxieties which need to be understood by the case worker.

IN THE COMMUNITY

Public Officials and Governmental Agencies.—Traditionally, public officials and governmental agencies function in the interest of general welfare. The great majority of them today are potential social resources for the case worker in her services to welfare clients. Aldermen, county commissioners, mayors, judges, health commissioners, directors of institutions, police officers, sheriffs, and other city and county officials generally cooperate when asked to help with the problems of individual clients. And where there is need for increased recreational facilities, wider use of public buildings, provision for vocational training, youth guidance, and public health protection, as well as increased funds for social agencies, public officials and the institutions they represent are resources to be explored.

Educational Workers.—Teachers, principals of schools, school superintendents, school-board members, parent organizations, attendance officers, playground directors, club leaders, vocational counselors, university professors, and university-extension workers are all possible social resources for client needs. They are generally ready to cooperate with case workers, particularly where the welfare of young people is concerned. To secure the greatest value from their knowledge, experience, and interest, representatives from their numbers should be asked to serve on case committees and community councils.

In some communities school officials are able to secure free health examinations and medical and psychological services for children. The interest of teachers of music, art, and handicrafts can be enlisted to help talented children. Leaders of group activities in settlements and playgrounds and of girls' and boys' clubs are valuable aids in the adjustment of children who are socially retarded or present behavior problems.

Medical.—Physicians, medical associations, clinics, hospitals, nurses, dentists, public health officers, and public health nurses are important social resources. Many clients become public charges because of health impairment, and when adequate medical care is secured for them they become self-dependent.

Where medical resources are not available to welfare clients an important task of the case worker is to cooperate in developing such resources. She should enlist community support to help raise funds to pay the fees of local physicians and dentists if no free clinics are available. If there are no doctors or dentists in the immediate community, additional funds should be secured to meet the transportation costs of clients to centers where medical resources are available.

Religious.—Ministers, priests, religious teachers, and leaders in religious educational and charitable societies can help case workers to gain an understanding of situations and attitudes in certain families.

Church members can be counted on for volunteer service, such as visiting the sick and old, reading to the blind, emergency nursing care, donations of food and clothing, and other neighborly kindnesses.

The cooperation of religious leaders of all faiths is important and valuable not only in community welfare programs but also in plans for developing social resources to meet client needs.

Business and Fraternal Organizations.—Chambers of commerce, American Legion, Masons, Kiwanis, Rotarians, Lions, American Red Cross chapters, business and professional women's clubs, farm bureaus, cooperatives, Granges, and other local business and fraternal organizations have proven invaluable social resources in providing funds for special client needs and in aiding special programs of health care, recreation, and vocational guidance. In some localities certain of them regularly provide glasses and pay for tonsil and other operations of needy children, and others provide summer camps for underprivileged youth.

Social services comprise a large part of the activities of many of these organizations and case workers have found them very cooperative.

Representative Citizens.—Editors, bankers, merchants, farm agents, home-demonstration agents, social leaders, engineers, lawyers, architects, playground directors, and other individuals having a recognized place in community life can do much to help case workers develop social resources. Case workers should devote time to acquainting them with case

work programs and to keeping them informed of client problems.

Labor Organizations.—National, state, and local industrial and farm labor organizations have genuine interest in the well-being of the underprivileged. Case workers should endeavor to understand the aims and programs of the different labor groups and should seek the cooperation and participation of such groups in services to their distressed members; and also their interest and practical assistance with the problems of other needy cases, as well as their support of programs to improve health, housing, and labor conditions in the community.

Client Groups.—Relief clients, WPA workers, the unemployed, the old, and other distressed groups should be encouraged to organize for self-help, and guidance should be furnished to aid them in setting up cooperative enterprises, barter schemes, and mutual-aid associations. These are constructive steps toward permanent self-dependence, as well as ways of satisfying present needs when relief allotments are inadequate.

The potential resource value of these organized client groups is undoubtedly greater than most case workers appreciate.

IN OTHER SOCIAL AGENCIES

National.—In the *Social Work Year Book*¹ will be found listed national public and private social agencies with brief descriptions of the kind of information and service each is organized to give.

Case workers need knowledge of these resources as they are capable of rendering extensive aid. Their services vary from purely informational to field-service assistance, and likewise, on occasion, material help in individual cases. They are ready to advise by mail or through field representatives regarding their work, and where they cannot function themselves they often are able to refer case workers to agencies which can render the desired assistance. Case workers should feel no hesitancy in writing these national welfare

¹ *Social Work Year Book*, Russell Sage Foundation biennial publication, New York.

organizations as they are maintained for social service and are glad to aid within the limits of their funds and functions.

State.—Case workers should have full information regarding the social agencies and institutions in their states, and knowledge of the nature and character of the services each extends. When case workers know and utilize available state social resources their services to individual clients and groups are greatly improved and extended.

Local.—In the interest of the best possible service to each client, local welfare agencies should clear their cases through a social service exchange or central index. Such procedure prevents duplication of social services and waste of welfare funds.

When local agencies cooperate in maintaining a social service exchange, understanding is promoted of each other's procedures and objectives and maximum benefits result not only to the clients and the agencies but to the community as a whole. The development and extension of social service exchanges to include many new programs are needed.

IN KNOWLEDGE OF SOCIAL LEGISLATION

Accurate knowledge of the legal bases of welfare services is essential to intelligent and full use of them as social resources.

Case workers should know the provisions of Federal, state, and local welfare statutes and the regulations governing the maintenance of welfare services and institutions. They should know the provisions of the Social Security Act; the regulations which govern the WPA, the distribution of Federal surplus commodities, the CCC, the NYA, and the Federal employment service; and the terms of grants-in-aid to states for agricultural, home economic, and industrial education and for other purposes.

A case worker should know the terms of the law creating the welfare department in her state; the provisions of the law governing the conduct of state employment offices and of the legislation which controls institutional care of dependent and delinquent minors, the insane, the feeble-minded, and criminals in the state. Every case worker should

also know the provisions of state laws which relate to regulation of private welfare agencies and institutions.

Case workers should participate in efforts to secure needed social legislation.

IN OFFICIAL DOCUMENTS AND RECORDS

Vital statistics, court records, marriage and birth certificates, health records, school records, property deeds, tax records, citizenship papers, affidavits of residence, and other official documents and records are reliable sources of factual information about clients and are a resource of definite value in social services to welfare clients, particularly in establishing eligibility for categorical assistance.

QUESTIONS FOR DISCUSSION

1. Name four important areas of social resources.
2. What are the obligations of the case worker as a resource for the client?
3. Should a client's relatives ever be contacted by the case worker without letting the client know?
4. Name some of the ways in which educators and religious leaders can be of assistance in services to welfare clients.
5. What is the case worker's obligation with reference to potential community resources?
6. What procedure insures the best use of local social resources?
7. Why should a case worker be familiar with social legislation?

ACTIVITY

Discussion of aid given to needy young people by fraternal organizations in instances known to members of the class.

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- Directory of Member Agencies*, New York, Family Welfare Association of America, January, 1940.

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CHAPTER 14

USE OF SOCIAL RESOURCES

AN INESCAPABLE obligation of the case worker is to know the social resources available for utilization in the process of assisting clients to make the best possible social adjustment. To facilitate the best use of these social resources, social workers have developed helpful techniques and procedures.

Social Resources File.—Every social case work agency should have a complete card-index file of social resources in the community, in the county, the state, and the nation, which have actual or potential value in the services of the agency. Such resources include other social agencies, institutions, hospitals, clinics, recreation centers, settlements, youth organizations, employment agencies, and adult-education classes. Individual professional and business people, business and fraternal organizations, and lay citizens known to be social-minded and generous should be listed in the social-resources file.

While most social agencies have a resource file of community and intercity resources, the practice of including state and national resources is not frequent. The present emphasis on government responsibility for social services is resulting in an increasing number of state and national resources. These should be explored and reference to their services included in the social-resources file.

A social-resources file should include four sections: (1) alphabetical index, (2) subject index, (3) geographical index, and (4) name index. A 5 by 8-inch card has been found the most practicable size to use in a social-resources file.

The first section, the general alphabetical index, should contain the following information on cards arranged alphabetically according to the name of the agency or institution:

1. Name of agency or institution.
2. Address.
3. Telephone number.
4. Names, positions, addresses, and telephone numbers of officers of the agency or institution.
5. Services rendered by the agency or institution.
6. Limitations on eligibility for service.
7. Procedure necessary to secure service.

The second section, the subject index, is a cross-reference file. The guide cards should give the subjects, such as "Children, handicapped," "Children, dependent," etc. Each file card in this index should have only the name of an agency or institution.

The third section, the geographical index, is also a cross-reference file and should contain only the names of agencies or institutions. Guide cards should specify "Outside the state," "In the state but out of the county," and likewise give the special areas or districts in the county or city.

On some file cards in this section will appear names of persons where such persons operate only in the geographical district under which the particular card is filed.

The fourth section, the name index, should include all the names which appear in the alphabetical index. Each card should have the name, address, and telephone number of a person and the agency or institution with which the person is connected. A brief description of the individual may be added if such will be helpful to the case worker in dealing with the particular person.

Social Service Exchange.—An essential tool in making use of social resources is the social service exchange, or *central index* as it is frequently called. While most agencies clear cases through a social service exchange as a matter of routine procedure, not all appreciate the potentialities of the exchange to guide case workers in effective use of social resources.

A social service exchange lists all the resources which have been utilized by a client, and individual agency records should include reports of what these resources have or have not accomplished for the client.

Before referring a client to a social resource, study is made

of his contacts with other social resources and of any agency service he is currently receiving. For example, if a record shows that a client had been to a psychiatric clinic the case worker studies the findings of the clinic with regard to the client and ascertains the clinic's willingness to have him return and the client's feelings about returning, before seeking other psychiatric service for him.

Intelligent use of the social service exchange, by giving full consideration to what has been done for a client, permits progress in case work service and insures a maximum of service with a minimum of strain on client, case worker, and co-operating resources.

Referral.—Knowledge of social resources expedites referral but referral of a client to a resource should be made only after careful consideration of client need and the function of the resource. Careless referral not only works hardship on the client and the cooperating agency but frequently destroys rapport by creating client frustrations and tensions.

Considerations in Referral.—While methods and procedures in referral will vary according to situations and needs, there are certain general considerations which must be resolved. These include such matters as the nature of information to be given to a client regarding services expected from the agency to which he is referred, the nature and amount of information about a client to be given the cooperating agency and the method of transmitting it, and the character of relationships that should exist between case workers and individual and agency resources.

The nature and amount of information to be given about a client to a resource, as well as the method of transmitting it, will be determined largely by the character of the service to be rendered and whether the resource is a reliable and responsible organization or individual.

Social workers know that physicians, lawyers, social workers, nurses, judges, educators, and other professional people respect the confidential nature of case material and that they can be trusted with detailed information about client problems.

A summary of the history of a case is usual and the emphasis in the summary will depend upon agency function

and client need. Occasions seldom arise which warrant the transmission of a complete transcript of a case record.

Letters of referral often contain an indiscriminate amount of case-study material which wastes the time and tries the patience of workers in cooperating agencies. The first paragraph of a referral letter should contain a statement of what the writer wishes the cooperating agency to do for the client. A long story about the case should not precede such statement. Learning first the purpose of the communication, the cooperating recipient is enabled to read the body of the letter intelligently in the light of the service desired.

Where help is sought of nonprofessional organizations or individuals, a personal visit or a telephone request if a visit is not possible, is better procedure than a written request. While professional organizations generally require that requests for services be in writing, case workers should seek personal contacts with their staffs also.

An important consideration in making the best use of individual and agency social resources is the character of relationships established with them by the case worker. Where case workers honestly respect and seek the considered opinions of resources and are willing to weigh their own findings and judgments with those of cooperating resources, a desirable relationship exists. Respect for the experience of others, as well as respect for her own experience should be basic in the case worker's approach and relationship with social resources.

Responsibilities should be shared with resources. For example, in seeking financial help of a fraternal organization for medical treatment for a client, such fraternal organization should be given a responsible concern for meeting the client's need for medical care and not be allowed to feel they are doing something just to oblige the social worker. Such concern may be developed through shared searching and planning for ways and means to meet definite client needs and cannot be developed by case worker requests for aid in her work.

Follow-up.—When a client is referred to a social resource a follow-up should be made by the case worker to learn if the contact was made, whether the service of the resource

was made available to the client, and the general effect of the experience on the client. Such follow-up could be by letter, telephone call, or visit, depending on the nature of the client's problem and the kind of resource.

When an applicant is not accepted for agency service and referral to a social resource is made at the intake desk, such follow-up may not be indicated.

In most cases, however, following through on referrals is important. The interest so displayed is appreciated by the client and the cooperating agency and good relationships are maintained.

QUESTIONS FOR DISCUSSION

1. What should a social-resources file include?
2. What is the purpose of a social service exchange?
3. What are some of the questions of procedure which arise in referring a client to another social agency?
4. Should a summary of the case be given first in a letter referring a client to another agency?
5. Should a case worker follow up a case referred to a responsible social agency?

ACTIVITY

Have three or four students visit the office of a social service exchange and report to the class; or secure sample forms from the social service exchange of a city and any reports of its service, and present them to the class for study and discussion.

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CHAPTER 15

DEVELOPMENT OF RESOURCES

TRADITIONALLY, social case workers have assumed the obligation of responsibility for the development of social resources. In early social work provident schemes were general and day nurseries, kindergartens, clinics, visiting nursing services, employment exchanges, workshops, and lodging houses were established largely through the efforts of social workers interested in developing social resources for the poor.

Today case workers continue to be concerned with developing social resources. In rural communities they strive to create resources for essential material needs, medical care, and nursing, while in urban areas case workers seek to secure for welfare clients the advantages of recent developments in child nutrition, preventive medicine, and psychology. Social work agencies and state conferences of social work are active in plans for securing maternal aid, health insurance, vocational guidance for youth, and rehabilitation of the handicapped.

Social case workers have need of broad understanding and special skills to facilitate the development of social resources. The burdens and pressures incident to large case loads and limited staffs restrict the activities of case workers. Unless they possess knowledge and skills to aid them in the development of social resources this difficult but important phase of their work suffers. Case work and related practice should be constantly analyzed and evaluated to discover helpful techniques to add to the limited knowledge available of procedures to be employed in the development of social resources.

A Needs File.—Social agencies have found the maintenance of a *needs file* valuable to demonstrate the prev-

alence of particular needs and to secure interest and support for development of social resources to meet the needs.

A needs file is a card index of client needs as found and recorded by practicing case workers. Needs which are not met or only partially satisfied are recorded on cards with the number or the name of the case where the need exists and a brief description of the case. These cards are placed in alphabetical order back of guide cards which indicate large divisions of needs, such as medical, housing, dental, clothing, etc. When a client has need of a tonsillectomy, for example, a card indicating tonsillectomy should be made out, with the name or number of the case and a brief description of conditions in the family, and filed under the division labeled "Medical."

When an accumulation of cards indicates that many clients have the same need, although varying amounts of emergency aid may have been given, the case worker or supervisor has tangible evidence calling for the development of a social resource to care for such large need.

When the size or seriousness of any problem is great enough to require community action, the case worker has readily available concrete evidence to back an appeal for such action.

Periodic examination of the needs file keeps a case worker alert to the necessity of continuous efforts to develop social resources to meet client needs.

Process.—The important task of the case worker is to arouse community interest in client needs and community concern for ways of meeting them. She does this largely through conferences or group meetings. If a need is limited to two or three clients, a conference with only one individual or a small group of interested people may be indicated. When a need is community-wide, calling for drastic housing reform, for example, it may be necessary to interest a number of community organizations and secure their participation in planning for community action.

While other processes may be involved in the actual development of a social resource, such as surveys, radio talks, appeal letters, and newspaper publicity, case workers do not have the time to conduct such campaigns, nor is it properly

their function to do so. When the interest and cooperation of the people in a community have been secured, the program of actual development of a resource can be left to them.

Since the case worker's professional obligation in the development of social resources is limited largely to the arranging of group gatherings for the consideration of welfare problems, she studies to increase her knowledge of group procedures and to acquire the skills needed to conduct group discussions.

The Positive Approach.—Essential to the success of any group meeting is the positive approach. Case workers should be intelligently aware that each individual in a group is capable of a real contribution and they should have respect for the ideas and achievements of each one.

Development of community interest and support should be in terms of the capabilities of individual members and of the community as a whole. Any reinforcement the case worker brings to a situation should be toward strengthening their strong points. Encouragement and appreciation rather than fault finding and criticism will promote progress in the development of social resources. The skill of the case worker is evidenced by her ability to discover the positive factors in a situation, whether of character, aspirations, attitudes, or behavior, and by her ability to arouse latent strengths for achievement.

Purpose of Meetings.—The purpose in meeting with groups of people is to secure democratic consideration of welfare problems. The case worker is concerned not only with securing aid for needy clients but with securing shared responsibility in thinking through all aspects of client problems and in planning for their solution. The object in conferring is not to "put over" any preconceived plan but rather to have the group work out a plan in terms of their individual and collective thinking and experience.

Meetings should be planned to allow informal exchange of ideas and experiences. If specialists or authorities are invited to give opinions, they should not be allowed to dominate the situation. Experts have important contributions to make, but the value of their opinions will be increased if

evaluated in terms of the local situation and community attitudes and opinions. Formal programs with special speakers and discussants are apt to discourage general group participation. Care should be taken to insure ample opportunity for the group to function creatively in the consideration of any problem.

Environmental Factors.—In arranging for any group gathering the probable effects of the physical factors in the environment on the behavior of the group should be considered. For example, in most churches, quiet, nonparticipating behavior is customary so that when people meet in a church building, no matter what the purpose of the meeting, their behavior generally takes on the pattern of church attendance. When a community gathering is held in a church it is difficult to break through such conditioning and to secure ready, informal participation in the discussion. If a group meets in a bare, unattractive hall, having unwashed windows, poor ventilation, and uncomfortable or broken chairs, contentious or hostile attitudes are apt to prevail.

Comfortable, attractive rooms, conducive to informality and social ease, should be sought for meeting places.

Feelings vs. Facts.—In making plans to develop social resources, social workers need to remember that reasoned appeals and impressive statistics have little effect upon emotions and feelings. Prejudices, loyalty to friends and neighbors, and distrust of outsiders determine much behavior. For example, an appeal for a trained worker for the job of children's agent may have little weight against local desire to give an untrained, needy neighbor the job.

Efforts to arouse people in a community to demand that their legislators pass laws for adequate garbage-disposal service fail if the plan means attacking a politician who has endeared himself to his constituents through numerous small personal services.

Psychologists tell us that the best way to cope with feelings is to stimulate counter-feelings. A case worker needs to identify herself personally with the community, get to know people and permit them to know her, before endeavoring to promote community interest in social programs. If residents have acquaintance and regard for case workers personally,

case workers do not have to combat the suspicion and hostility with which most people listen to strangers.

Another way of stimulating counter-feelings is through use of case stories. In this procedure the use of the needs file is invaluable. Abstractions have little effect on attitudes but a single concrete case, showing how the lack of a clinic, of recreation facilities, of clothing, or of an adequate diet has affected an individual child is certain to arouse interest and a desire to help.

In identifying herself with community activities a case worker needs to study community attitudes and cultural patterns and to critically examine her own functioning in relation to the feelings and attitudes of people in the community as well as to those of welfare clients and her own co-workers.

Communication Failures.—Publicity experts stress the importance of knowing the language of a community to insure the effective interpretation of a program. Sociologists indicate the necessity of knowing the life of the people in order to understand their language.

It is important to the success of social work programs that case workers learn to express themselves simply and concretely in the language of their communities.

Words are meaningful when they refer to something known or experienced. If a case worker tells how a mother slapped her child one moment and gave her candy the next, she is reasonably sure of the understanding of her audience; but if she speaks of maternal ambivalences her audience may or may not know what she is talking about, and certainly she cannot be sure they are all thinking the same thing.

When a case worker uses professional terms, abstractions, or any words not generally known in the community, communication between her and her listeners fails.

Interpretations and Participation.—Many social workers feel a professional obligation to interpret their work and aims to the public. Some feel they should carry on regular programs of social work propaganda to secure public understanding and support of their work and to aid in the development of social resources to meet client needs. The

majority of social case workers, however, have realized the need for re-examining the place and function of the community in their work, and as a result of their study they are finding that community participation in their programs is needed as well as interpretation or explanation of the program to the community.

If the people of a community are thinking, planning, and working together to solve their own social problems there is less need of interpretation. Furthermore, case workers realize that no program of social work can be largely successful unless there has been democratic participation in setting up the program, and the aims of the program are those of the people in the community.

Social workers seek community participation by inviting inquiry, suggestion, and criticism. Community groups are given every opportunity to examine social values with the case workers. Friendly acquaintance with members of groups is sought by case workers, not with the idea of getting their help to put across certain plans but for the purpose of exchanging ideas and opinions. Group meetings are arranged, not to give case workers a platform but for democratic discussion of social welfare problems and for community participation in remedial programs.

Function of Case Worker.—While a case worker is under obligation to secure maximum community participation in the development of social resources, she should not forget that she herself, as a member of the community, has a contribution to make.

Sometimes case workers feel the need of expressing themselves definitely and forcefully, but they should be careful not to use the authority of their position to influence group opinion or action.

The function of the case worker is to tell of client needs, inform groups of welfare problems of which they may not be aware, furnish essential facts needed in consideration of problems, point out alternative courses of action, and where indicated to contribute a recommendation or plan based on her own professional knowledge and understanding. However, a case worker should make her contribution as one of the group and should not try to dominate or use artifice to

put over a plan which is not the product of the considered thinking of the group.

Leadership.—To secure community cooperation and participation in programs of social welfare calls for the most skillful kind of artist leadership.

Leadership is never static; prestige or cultural pattern may dominate at one time while the authority of a specialist may prevail at another.

Leadership in any situation depends upon the character of people who compose the group, the nature of the issue or problem, and the emotional and cultural factors involved. To look always to one individual or set of individuals for leadership invites failure and violates democratic principles.

A leader is required to show the way but if he is too far ahead of the group in the objective sought he will be ignored. Successful leadership depends upon the recognition by the group that the leader is one of them, and the aims he presents must be something the group desires and something recognized by them as possible of achievement.

Social workers seek to encourage the unfolding of initiative in the group itself. When they call a meeting to present problems, case workers should not expect any dominant personality to push their program nor gain objectives for them. Rather, they should permit leadership whether it be of ideas, mores, personalities, or knowledge, to arise naturally in the situation within the self-determined objectives of the group itself.

Chairmanship.—A skillful chairman can do much to further the democratic process in a meeting. He should have knowledge of parliamentary procedures, a sensitivity to the temper and feelings of a group, responsiveness to contributions, impartiality, humility, and a belief in the value of democratic procedures.

A knowledge of parliamentary rules facilitates harmonious discussion and action. Where there is ignorance or only partial knowledge of parliamentary procedures, dissension, delay, or defeat results. While a case worker may not be called upon to serve as chairman, her knowledge of such rules as how to make motions, how to refer or amend a proposition, and how to handle questions of order and ap-

peal enables her to be of service whenever the chairman's knowledge is limited.

A chairman needs to dress appropriately, have a good voice, a pleasant manner, and be able to employ wit, good humor, and other successful means of identifying himself with the group.

A good chairman is sensitive to the reactions of a group; he possesses social skills he can employ to ease tensions and strong emotions in the group.

Sensitivity to situations can be developed. The first step is learning as much as possible about the social forces in a community. Prior to any group meeting the chairman should take time to analyze the problem which is to be the subject of the meeting, the character of the people involved, community attitudes, and the influences which are apt to operate during the meeting.

The chairman is responsible for the presentation of the problem, which should be clear and brief. Although he does not participate directly he should be alert to guide the discussion, clarify meanings, show relationships, make summaries of conclusions, and insure wide participation at all times in the discussion.

Committees.—A technique in selecting committee members, which has proved successful in practice, is to ask for volunteers. When it becomes necessary to appoint a special committee to carry on a particular work, the chairman should ask those interested to volunteer to serve on the committee.

This method of forming committees is democratic and insures maximum interest as well as maximum participation. When individuals volunteer their services they generally feel responsible for good performance. It has been found best in practice to allow committees to elect their own chairmen.

Group Discussion.—Group discussion is the instrument of the democratic process. When members of a group share responsibly and equally in a search for understanding and a plan, the democratic process is in operation. Each expressed idea should receive the careful consideration of the group. Each member of the group should give and be given full value so that the gain of each individual becomes the gain of the group and the gain of the group is shared by each

individual. Ideas should be exchanged freely without fear of difference and without the stultifying influence of efforts to dominate or mold opinion.

Group discussion is a creative experience. When there is spontaneous give and take of differing ideas and mental stimulation of each group member by group members, individuals see new horizons, new heights, and something new evolves. It may be something entirely different from anything presented and is always something beyond what any one individual could have achieved in thinking the problem out by himself.

When group discussion permits all differences legitimate play, the plan or program worked out is the integrated expression of the will of the group. It is something new, not majority consent nor compromise; no values are lost but all are integrated into the final plan.

Case workers need to understand how integration takes place in group discussion, and should acquire skills to enable them to promote creative group discussion of welfare problems. This is the democratic way of developing social resources.

Final Responsibility.—When welfare clients are not receiving sufficient food, clothing, medical and nursing care; when children lack happy, secure home environment and youth is without employment, recreation, or vocational training, responsibility rests with the community to develop needed social resources.

The professional obligation of the case worker is to apprise the community of welfare needs and to cooperate in the development of social resources.

Frequently case workers assume burdens of responsibility for development of social resources which they cannot carry, and failing, give way to despair, believing nothing can be done. Seldom are case workers justified in assuming community indifference, regardless of their individual efforts and experience. Communities and neighbors are rich in social resources, richer than any of us comprehend. Kindliness, charitableness, and resourcefulness have deep roots in our democratic way of life; each one of us is concerned about our brother's welfare.

Case workers do not accept hunger, sickness, or unhappiness as the irrevocable lot of anyone. Social resources are available and others can be developed.

QUESTIONS FOR DISCUSSION

1. Do you think participation in the development of social resources is properly the function of a social worker? Why?
2. What is the purpose of a needs file?
3. What is the principal tool employed by case workers to promote the development of social resources?
4. Why are community group discussions important in the development of social resources?
5. What are some of the considerations important to the success of community meetings?
6. Why is it important for a case worker to identify herself with her community before approaching groups in the community for cooperation and assistance in the welfare program?
7. How can case workers secure community participation in welfare programs?
8. What should be the nature of the case worker's contribution in group discussions of community welfare problems?
9. How would you define group leadership?
10. What are some of the attributes of a good chairman?
11. In what way is group discussion related to the democratic process?
12. Is group discussion always a creative experience? Why?
13. Whose is the final responsibility for development of community social resources?

ACTIVITIES

1. A group discussion of how to develop a needed resource.
2. Analyze the above discussion from the standpoint of (a) nature of leadership, (b) creative aspects, and (c) democratic procedures.

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Unit VII

KNOWLEDGE FROM RELATED FIELDS

Chapter 16

CHAPTER 16

KNOWLEDGE SIGNIFICANT IN CASE WORK PRACTICE

WITH millions denied the health, comfort, and happiness which our civilization can afford, case workers are challenged to make intelligent use of knowledge significant in case work practice.

The case worker is indebted to related fields of learning for basic knowledge of social relationships and for knowledge which implements her with helpful skills.

SOCIAL RELATIONSHIPS

Because relationships are important in social case work, the case worker needs to understand the factors involved in social situations. What does the case worker personally bring to a situation? What does the client contribute? How do external circumstances and conditions influence behavior? What are the creative potentialities of the interactions in a social situation?

Sociology, education, psychology, psychiatry, philosophy, and social psychology have important information to contribute regarding attitudes and behavior and the forces which determine individual and group action. Case workers require this knowledge to function intelligently in relationships with clients, co-workers, and community.

Self-Knowledge.—The case worker appreciates the im-

portance of her own conduct in any situation and seeks knowledge for better understanding of her own capacities, disposition, impulses, and habits.

Recognition of her own attributes as personal adaptations to forces in the environment is essential to the mature performance of a case worker. Likewise essential are awareness by the case worker of the far-reaching consequences of her own thinking and acting and the need for disciplining herself for mental efficiency and social competence.

Individual Differences.—While all the case worker learns about herself is helpful in understanding others, she seeks additional knowledge regarding individual differences.

Valuable in case work practice is knowledge that environment and life experiences, as well as innate capacity, determine the character and conduct of any individual, and that what distinguishes one individual from another is the unique organization of his personal traits and not the possession of certain traits.

Also important to case work practice is knowledge that individual behavior is the result of a complex of many interacting external and internal stimuli; that emotions, feelings, and memories influence thinking and behavior and that human beings tend to reject anything in a situation they cannot connect with past experience.

Situations.—Important in efforts which seek the social adjustment of individuals, are knowledge of the physical, psychological, and social factors which affect situations and appreciation that all these factors interact and are constantly shifting and changing.

Both the case worker's and the client's hereditary endowment and organic functioning play parts in case work situations, and the impulses, drives, and emotions of both enter importantly.

The climate, customs, and forms of social organizations in a community are likewise important factors in situations.

A case worker seeks knowledge not only of the client situation before her but of the conditions and circumstances in the community, the nation, and the world which have bearing on that situation.

Study of history, geography, anthropology, sociology,

economics, and political science brings knowledge of population problems, social trends, economic conditions, industrial development, and the functioning of social and political organizations. The large view thus gained is essential for proper perspective and understanding of the immediate client situation.

Social Interaction.—The sum of the physical, psychological, and social factors in any situation does not give a true picture of that situation. When two or more people get together, processes of interaction and interstimulation operate to produce something new.

Social contacts are important in case work practice and case worker education should include study of social psychology, psychology, education, philosophy, and sociology for clear understanding of the processes of social interaction.

Since the case worker's duties involve a large measure of leadership in the community her education should not neglect the study of democratic procedures and the acquiring of the knowledge and skills needed for constructive group leadership.

IMPLEMENTATION OF THE CASE WORKER

Besides the knowledge and understanding of social relationships which related fields of learning contribute to case work practice, many fields contribute factual knowledge to implement the case worker.

Psychology.—Besides facts about individual differences, specific traits, and mental processes psychology has developed instruments for measuring intelligence, aptitudes, personality, and behavior. Psychometric tests furnish valuable human data which are important to the social adjustment objective of case work practice.

Psychiatry.—Psychiatry has furnished knowledge of the causes of mental disorders and evolved curative treatment which stresses the importance of the unconscious. An understanding of these developments helps case workers to render more intelligent social services to mentally and emotionally disturbed clients and to comprehend more clearly the aberrations in the behavior of normal individuals.

Home Economics.—From the field of home economics case workers have learned how to draw up budgets for families, how to help them plan inexpensive but palatable and nutritious meals, how to beautify space in unattractive homes, and ways of employing material and human resources to the best advantage.

Education.—That people learn by doing is important knowledge contributed by education. How a person behaves in any situation is determined largely by his past experiences; an understanding of this fact promotes tolerance and uncritical acceptance of the behavior of others which are important tools in case work practice.

Medicine.—It is important in case work practice to know the value of early diagnosis and treatment of disease. In general, to know which common diseases are preventable and which curable, and which contagious and which non-hereditary enables a case worker to relieve fears and anxieties in a client family.

A case worker should have sufficient medical knowledge to be able to render first aid in emergencies and to help in the social adjustment of the sick and convalescent.

Public Health.—From the field of public health case workers are equipped with facts regarding community health hazards which exist in poor sanitation, contaminated milk and water supply, and neglect of social diseases. They are also implemented with knowledge to stir communities to take measures to check widespread diseases such as hookworm and pellagra.

Personnel Administration.—Case workers have gained from the field of personnel administration practical knowledge of how to deal with staff problems and how to coordinate tasks of management, supervision, and administration. How to select, train, and rate personnel, how to organize and apportion tasks, and how to secure the cooperation and maximum performance of workers are among the practical contributions of the field of personnel administration. Case workers are finding careful study of authoritative texts in this field of real value in the organization and smooth functioning of their complex job.

Economics.—It is important to case work practice that the interpretations and conclusions of social case workers be made in the light of understanding of economic and cultural conflicts, of the habitual character of human wants, of the varying interests of different economic groups, of the role of pressure groups, of the fluctuations of business activity, and of the attitudes of wage workers, farmers, and consumers. Social planning can be realistically strengthened through the understanding of the nature of money and profit, and the place of labor, machines, capital goods, credit, taxes, trade, and savings in our national economy. The field of economics has much to contribute to insure soundness in case work practice and social planning.

Political Science.—For effective performance a social case worker should know how political parties function in state and local government and the political force of agricultural interests, business groups, and labor organizations. She should know about suffrage rights, majority rule, minority representation, the spoils system, and civil service. Of real assistance to the case worker and helpful in all phases of case work practice is an understanding of the social bases for phenomena such as political bosses, job politics, and political machines. The field of political science has much of value to contribute to implement both the public welfare worker and the private agency worker.

Other Fields.—The case worker relies on developed techniques in other fields, including the practical skills of statistics, accounting, and writing, in her tasks of assembling the interpreting social data, budgeting, and accounting of funds, and in the writing of letters, reports, news items, case histories, and other records.

In the large task of social adjustment of distressed individuals case workers will continue to make use of knowledge and techniques from related fields of learning which have proved valuable in case work practice. Also, they will be alert to avail themselves of additional knowledge and new techniques wherever found, which give promise of being significant in social case work.

QUESTIONS FOR DISCUSSION

1. Why does social case work make use of knowledge from related fields of learning?
2. Name four fields which have contributed knowledge in the area of social relationships and state briefly a significant contribution of each.
3. Name five practical skills important in case work practice and the fields of learning which developed them.
4. Do you think a case worker should experiment with new techniques? Why?

ACTIVITIES

1. Discussion of the case worker's professional obligation to contribute to the sum of knowledge as well as to make use of knowledge from related fields.
2. Have each student study one case record for evidence of use of knowledge from related fields or failure to use helpful knowledge.

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Unit VIII

THE SOCIAL CASE WORK PROCESS

Chapter 17

CHAPTER 17

A SCIENCE OF SOCIAL ADJUSTMENT

WHILE material sciences have made extraordinary progress and important contributions to the health and comfort of individuals, the large problems in social relationships have been neglected. Technological achievements are employed to produce frightful machines of war because we have not learned how to live in amity and understanding.

Social case workers are privileged to serve in the area of social adjustment of human beings. Because they have this opportunity they have the responsibility of making definite contributions to improve social relationships and increase human happiness.

The greatest progress in social case work has been in perfecting the social case study, in use of social resources, and in gaining practical mastery of knowledge contributed by related fields of learning. These are the tools in the case work process.

Psychology may reveal mental deficiency, psychiatry emotional disorder in an individual, and sociology direct our attention to problems in the individual's environment. It is the unique objective of the case work process to help this handicapped individual to make the best possible social adjustment in his situation. Measurable achievements in social adjustment through the case work process have been few.

Social case workers have repudiated the semblance of a

mysterious calling too sacred to question, which has overshadowed social work since the days of friendly visiting. The problems of social relationships and social adjustment are complex and serious; use of superficial approach and vague techniques are not only inadequate but often harmful. Social case workers recognize the need for scientific implements. Welfare clients are entitled to assurance that the services of social case work are based on tested procedures. Society has the right to ask for evidence that social case workers are coping with problems of social adjustment with a measurable degree of success.

Evaluating Procedures.—Why do some case work procedures fail and others succeed? What case work methods can be used with what degree of success, in what situations? How have the roots of social case work, nurtured in private social agencies, withstood the wholesale transplanting of recent years to the public welfare field? What adjustments and changes in method have resulted? What new adaptations of the case work process are being evolved by practitioners?

Social case workers today feel the imperative necessity for examining, analyzing, and evaluating their performance. As case workers think through to the reasons for the success or failure of their efforts, discover the worth of differing techniques in varying situations, and study to develop ways of measuring the value of their services, they are shaping scientific tools and laying the foundation for a science of social adjustment.

Social Measurements.—Can case work results be measured? Do we know that case work methods are efficacious in promoting social adjustment? What constitutes social adjustment? Can degrees of social adjustment be measured?

Social case workers have been entrusted with staggering responsibilities for human happiness and social well-being. It is essential that they take the time to develop instruments to measure what their services are doing for the 20,000,000 people on public relief. How this can be done is a matter for scientific research.

Research.—The field of research has been largely neglected in social case work. This has been due to a number

of factors. Formerly only a small proportion of our population received aid in social adjustment from social case workers and ample time for intensive study could be given to each case. Today millions look to social case workers for guidance and assistance, and to serve them intelligently extensive research should be undertaken to develop scientific procedures. Other factors have been the dependence of social case work upon related fields of knowledge for scientific formulations, and delay in recognition that the social case work process is a unique development with philosophy, principles, and techniques of its own.

Professional associations, state and national conferences of social work, and professional publications, despite limited funds, now engage in research. Colleges, universities, and schools of social work offer opportunities for graduate study and research in the social sciences and specifically in social case work. More extensive and intensive research needs to be undertaken, however, and busy practitioners encouraged to cooperate and contribute to produce a sound body of professional knowledge.

Critical thinking is more general today among social workers. They are showing courage in questioning practice and in discarding methods when conditions and needs change and new procedures are required.

Important contributions for better social living and greater human happiness can be made by social case work if the profession continues to analyze and evaluate case work procedures and undertakes comprehensive research to develop instruments of social measurement.

The field of social work is big and challenging and practically unlimited in possibilities for achievement in the realm of social good. Employment of scientifically approved and tested techniques will insure the profession the confidence and respect of clients and the public, for increasingly the social case work process will operate more certainly for known and desired ends in the area of social adjustment.

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Part III

AREAS OF SERVICE

"The free play of intelligence is our final resource to tell us what to think and do in all human affairs."

—WILLIAM H. KILPATRICK

Unit IX

LOCATION AND NATURE OF PROBLEMS

Chapters 18 to 23

CHAPTER 18

IN UNEMPLOYMENT

The Situation.—Many estimates of the extent of unemployment in the United States have been made, but no definitive count is yet available. The Social Security Board's most recent estimate is between eighteen and nineteen million unemployed. The majority of the 20,000,000 people on relief are there because of the unemployment of heads of families. Problems of unemployment therefore constitute a major area in social case work practice.

Approach.—Not only is knowledge of unemployed individuals important, but the case worker should have as complete information as possible about the social and economic factors in the general unemployment situation. Understanding of causes and relationships gives perspective and facility to individual treatment. All individuals are not affected in the same way by unemployment. Differences in ability, adaptability, and mental resilience produce varying consequences. And since unemployment is seldom the single cause of the problems of the unemployed, the social case worker needs to have understanding of the areas and complexities of maladjustment among them.

Psychological Effects.—Unemployment brings a sense of personal failure and defeat. The pattern of our living, grounded in rugged individualism, does not prepare individuals to face or accept unemployment; mental and emotional breakdowns result. Unlimited opportunities have been

our faith and we have believed that effort and industry were always rewarded. People who were not employed were always suspect. We were not brought up to conceive of the possibility that people could not get employment.

The material privations of unemployment are not as tragic as its psychological effects. Studies made of unemployed individuals show that they develop feelings of inadequacy and apathy and, seldom rebellious, they sink into a kind of hopeless living along, withdrawing from normal social life. Case workers strive in their contacts with the unemployed to bring new hope to the individual by encouraging creative endeavor, cooperative action, and the development of avocational interests and activities.

Social Effects.—The unemployed individual is apt to feel a loss of status with his family and society. His chagrin is intensified when his family lacks essential food and clothing. He cuts himself off from contacts with his church, his lodge, and his friends and neighbors. If isolated too long he loses confidence in his ability to function effectively as a social being and his disorganization may result in drunkenness, vagrancy, illness, suicide, crime, or insanity.

Social workers endeavor to promote group activities of unemployed relief clients. No matter how defeated a client may feel he seldom fails to respond to the stimulation he receives as part of a functioning group. He gets a holiday from himself and his troubles, a rest from his personal tensions; he finds himself audacious, resourceful, perhaps witty, and even a "very devil of a fellow" in the group. He may achieve the success of leadership or he may relax into the group and lose the tensions of responsibility.

Through concrete experiences in a group in achieving mutual objectives, frustrated relief clients get mental and emotional renewal. Refreshed, they are able to carry on more confidently in their personal endeavors. The following is an experience in client cooperation.

Relief clients were marching, two by two, down Main Street, to the old pavilion at the edge of town. In patched overalls and ragged sweaters they plodded along. Women, hushing whimpering children, followed, anxious and afraid. Would their men get

arrested for this? Would they lose the relief they'd been getting? The men said they'd nothing to lose!

It was a cold night, late in October. The strong prairie winds, sweeping across the desolated wheat fields, brought clouds of dust into town. Six years of drouth and crop failures, with the added humiliation of relief, had produced unbearable tensions which were seeking easement through this protest march and meeting.

The pavilion, a huge, cement-floored, barn-like building, was dirty and unheated. It was seldom used nowadays; it had been built in boom days for community concerts. Anyone could use it, though—free and no questions asked. The windows, set high in the side walls, were broken, and each gust of wind blew clouds of dust upon the three hundred or so relief clients as they silently filed into the hall. The men took seats down front and in the center. The women and children formed a restive fringe around the edges. There was no talking and the silence was more choking than the dust-laden air.

Two men assumed a joint chairmanship, as though to share any responsibility or blame. Uncertain how to begin, they conferred together, and then with a few of the men in the audience. Finally, one spoke:

"Me and Jeff here aint much for talkin', but we didn't come to talk. We come to do something. The government says there is to be work and relief aplenty for all that needs it. We aint gettin' enough though, and we're meetin' tonight to talk over why we aint. We've gone to the Commissioners. We've spoke with the Mayor. Some has written the President. And all of us has set and set in the relief office. But what's come of it? Nothin's come of it, that's what! Something's got to be done. We're tired of hearin' what's goin' to be done. We want something done now. We mean business tonight. So, speak up fellows, and let's hear what you think to do."

After a long, anxious silence, the speaker continued:

"Some are afraid they'll be taken off relief if they talk. We're half the town, though, and they can't let us all starve, leastways not the women and kids. But, while you're thinking what to say, maybe the social worker can tell us why we don't get enough. We asked her to come, and I notice she's here. She's so new in the county, she can't rightly know how bad things are, but we'll be glad to have her say something. Maybe she can answer some questions."

The social worker, the fifth in the county in two years, came

forward slowly. She felt the tension; felt rather than saw the anxiety, the spirit of hopelessness, frustration, and defeat. She told them how glad she was they were getting together to talk things over. There was so much they could do by all working together.

Like quick rain on a dusty field, this simple reassurance cleared the air of fear. A babble of voices responded: How could Widow Kane care for eight children and her aged mother on her slim relief order? Why was Lief Peters taken off the work—because he had only one arm? Everybody knew Lief was worth any three two-armed men in the county! Why did folks get relief who didn't need it? Why were farmers on relief, when they had milk, eggs, and vegetables for sellin'? Men who didn't have a roof over their heads, why couldn't they get help?

The social worker answered their questions as best she could. Rules and regulations were explained; a brief sketch of the history of government relief was given; state grants were interpreted. She admitted relief was far from adequate, and that there might be many receiving help who did not need it. She talked to them about their value as a group, and how they could accomplish things by working together. It was true that Widow Kane needed much more than the amount of relief granted her. The roof to her house was leaking badly, and other repairs were needed. Could any members of the group do anything to help? Were there any carpenters present who would volunteer their services? Were there some who would help work a plot in the community gardens for Widow Kane until her boys were old enough to do it? Would some of them speak to the people who had not told the truth about their resources? Such people probably didn't realize they were robbing their own needy neighbors; they might be thinking they were just getting their share of government "graft." No need to report the names of such people to the relief office; let the ones who knew such speak to them as neighbor to neighbor. Without doubt there would be more relief, if only those received help who honestly needed it.

Thus the meeting progressed, with the way opening for the group to tackle a number of their own problems. The air of sullen despair gave way to a spirit of resolution and determination. Many offers of neighborly services were made. Grandpa Searles declared they'd been told aplenty what each could do for himself, and they'd heard a lot about what the government was a-goin' to do for them, but they sure hadn't given enough thought to what they could do together to help each other.

Subsequent meetings of the group proved even more interesting. Surprisingly enough, a number of relief clients asked to have their names taken from the rolls. It was possible then to increase assistance where it was most needed, and this quick cause-and-effect sequence was heartening to the client organization.

When it became apparent that some money would be needed to finance their organization's activities, it was decided to raise the money by an old-time square dance, instead of by dues. Fiddlers and callers were available from their own number. So successful was the gathering that it was decided to make "good times" a regular part of all their meetings.

While material gains were realized through the group sharing in the solution of their own problems, the greatest benefits were in the emotional release, the feelings of reassurance, of adequacy, of "belongingness," which came to these relief clients through their group activities. Within a remarkably short time, from a sullen, frustrated, rebellious crowd of unhappy clients, they became a happy, well-integrated, cooperative group.¹

Physical Effects.—The National Health Inventory of 1935-1936 revealed that sickness and chronic disablement are 87 per cent higher among relief clients than in families with incomes in excess of \$3,000; that the unemployed have twice as much disabling illness as the employed; and that WPA workers have disabling illnesses 40 per cent more than any other group of employed persons.

The shock of unemployment and its deprivations, resulting in crowded living, insufficient food, poorly balanced diet, insecurity, and worry, have produced harmful effects. The children and young people who have grown up in relief households bear the physical as well as the mental scars of unemployment stresses and strains. No statistics are yet available of total human cost but evidence is piling up of toll in weakened constitutions and emotional instability.

Relief.—Direct relief in cash or grocery orders and surplus commodities supply immediate needs in client adjustment. Amount and kind of direct relief to cover subsistence needs of the unemployed are determined by local, state, and national relief policies. Relief is given on the basis of need, determined by certain budgetary standards and the judg-

¹ Strode, Josephine, "Client Cooperation," *The Family*, March, 1939.

ment of the case worker. The Federal government does not assist in cash relief for the able-bodied unemployed although Federal surplus commodities are available to them. They and their families are dependent upon state or local welfare units. In some states relief approximates adequacy but in many it is much below. Generally, little money is available for medical and dental care. Some localities make no allowances for rent or for recreational and educational needs.

In localities where inadequate relief is given, case workers serve most effectively by helping to develop social resources, by endeavoring to change community attitudes toward relief, and by working creatively with clients to devise cooperative schemes of self-help.

Works Program.—Since December, 1935, relief by the Federal government has been confined largely to financing WPA wages, supervision of the Works Program, and providing grants-in-aid to states for categorical assistance under the Social Security Act. In September, 1938, 3,000,000 persons were engaged in the various projects of the WPA. In most states certifications of eligibility for the WPA are made by local public welfare agencies designated by the state WPA office. Problems of certification, recertification, and review of workers' status are the important tasks of social workers in the WPA program.

Appropriations for the WPA have at no time been adequate to absorb all the able-bodied on public relief rolls and many of them must be supported by local direct relief. Social workers have urged Federal funds for direct relief for the able-bodied unemployed who cannot be absorbed by the WPA.

Social workers generally believe that public works should be entirely separated from relief and that work projects in times of depression should offer work to the unemployed who have the skill to do the work. This would mean fewer on work relief and increase the burden on direct relief, but the employment would be of greater value because it would be real, not made work. While direct relief has its harmful psychological effects, they are not greater than the harmful effects of putting in time at useless tasks or on work for which one is ill-suited.

The present unemployed cannot get compensation benefits under unemployment insurance until they establish wage credits, and those who receive benefits require supplementary relief and probably will for some time to come. A considerable portion of those on WPA today are over forty-five years of age, most of them unskilled. Many of them have been displaced because of technological changes and their reabsorption into industry is doubtful.

The problems of unemployment relief will continue large for a number of years, although the proposed selective training of young and old in our new national defense program, if carried out, will undoubtedly change the unemployment picture.

QUESTIONS FOR DISCUSSION

1. Why are problems of unemployment a major area in case work practice?
2. What are some of the psychological effects of unemployment?
3. Do WPA workers have more or less disabling sickness than other workers? What are some of the reasons for this?
4. Does the WPA offer work relief to all the able-bodied unemployed who apply and meet the eligibility requirements?
5. What is the social worker's relation to the WPA program?
6. What are some of the problems involved in administering direct relief?
7. Of what value are group activities for the unemployed?

ACTIVITIES

1. Discussion of the effects on able-bodied, unemployed men of WPA work as at present administered. Of direct relief.
2. Discussion of WPA versus grants-in-aid. Should the Federal work program (WPA) be continued or should the Federal government make grants-in-aid to states for state work programs?

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CHAPTER 19

IN CHILD WELFARE

Child Welfare.—Child welfare work includes (1) protecting neglected, exploited, and mistreated children, (2) aiding handicapped children, (3) safeguarding illegitimate, delinquent, and adopted children, and (4) organizing and promoting community resources for recreational and health needs of children.

The welfare of our country depends on caring for children now. Healthful, happy living for children today is our only guarantee for the continuance of our civilization.

The development of child welfare work has not been uniform throughout the country. While child guidance clinics, foster-home placement, juvenile courts, and special training for handicapped children have been operative in large cities for some time, children in many areas are still housed in almshouses, county jails, and in state institutions where little attention is given to their special needs and problems.

Since 1935, with the enactment of the Social Security Act, social workers have been able to improve conditions for children in rural and other areas of special need. Supervision by the Children's Bureau, the Social Security Board, the United States Office of Education, and the United States Public Health Service, and the provision of Federal funds have made possible widespread development of child welfare programs.

Providing care for dependent children is a serious and perplexing problem for social workers. Often when they have worked out a sound plan for a dependent child, community pressures or agency policies present obstacles. The solution is never easy and the best that can be done generally falls short of desired objectives. Little by little, however, through continuing experiences, social workers are finding improved

ways and means of doing more for children, something over and above just keeping them alive.

Size of the Area.—The General Report adopted by the White House Conference on Children in a Democracy, January 19, 1940, estimates more than six million children in families dependent for food and shelter on various forms of economic aid. This does not include children in families receiving aid from private agencies and those receiving surplus commodities only.

Six million children under sixteen years of age without adequate food, sufficient clothing, proper medical and dental care, suitable recreation, and without the security in environment needed for their mental and emotional stability. Six million children with nothing but what support and care can be given them by public allotments and private charity. Six million children whom modern science can help to happier and healthier living if society gives science the opportunity to do so. The task of trying to bring care and protection to them faces social case workers in public and private welfare agencies.

The United States Bureau of the Census report of 1933 on *Children Under Institutional Care and in Foster Homes*, lists 211,840 children in state and local institutions and receiving foster-home care, and estimates the number of illegitimate children born yearly as 75,000.

The problems of dependent children as well as the problems of blind, crippled, mentally deficient, delinquent, and exploited children make the area of child welfare services very large.

GENERAL CONSIDERATIONS

Institutional Care.—According to the United States census report of 1933 on *Children Under Institutional Care in Foster Homes*, there were 140,352 children in institutions over the country, including private institutions, county almshouses, soldiers' orphans homes, state training schools, and state and county orphanages.

Because of the general realization today of the benefits to a child of an environment as closely approximating that of a real home as possible, many states are doing away with their

state institutions and are aiding local welfare agencies to make foster-home provisions for children under public care.

With the development of state welfare departments throughout the country and the help of financial assistance from the Federal government under the Social Security Act, foster-home placement and care of children in their own homes have received great impetus. Federal funds are not available to aid in institutional care of children.

Institutional care of some children is still necessary, especially where expert physical care is required or as a temporary measure until other more satisfactory adjustment for a child can be made. All up-to-date institutions for children operate on the cottage plan, under which the units of living are small, with a housemother in charge of each unit and the environment as homelike as possible.

Foster-Home Care.—With the modern emphasis on foster-home placement for dependent children (66,350 were in boarding homes according to the United States census report of 1933, referred to above), and with an increased number of counties carrying foster-home placement programs a body of knowledge is developing regarding standards for foster homes and the needs of children to be safeguarded in such homes.

Before placing a child in a foster home, a careful case study should be made of the child. The case worker should find out as much as possible about his past and present physical, emotional, and social life and that of his real parents; and the child's attitudes and relationships to his brothers, sisters, mother, and father, and the behavior patterns laid down in his early childhood should be ascertained. Then any home contemplated as a foster home should be studied to learn the probable influences of the members of the family on the child if placed with them, their potentialities for helping him develop normally and particularly their capacity to give the child a sense of security and a real feeling of belongingness. Emotional conflicts in a home and tensions due to worries or anxieties of parents are harmful to children. While it is not always possible to protect children from fear and worry in foster homes, yet the

prospects for calmness, affection, and security should weigh greatly in the selection of a foster home.

Foster-home placement is not the solution for all cases of dependent children. The temptation to remove a child from his own home when the situation there is low in health or moral standards has to be resisted if the home and family have emotional values for the child. However poor and unfit a home may appear to the case worker, the child may have a sense of loyalty to the total family situation, an identification with both its good and bad aspects which would make success in foster-home placement doubtful. Children taken from impoverished, dirty homes where they are neglected, frequently react negatively to the comfort, cleanliness, and attention in foster homes. They have feelings of belonging and being accepted in the first situation and there are no such values for them in the strange environment. Foster homes are well selected if the differences for the child between the old and the new environment are not too great.

A visiting housekeeper service, available in many localities, can be employed to better physical conditions and bring order into the homes of dependent children. All possible efforts should be made to improve the child's home environment before his removal to a foster home is considered. Where the original home situation can be improved and the entire family share in the advance, the prospect for happy and permanent adjustment for the child is good.

Where there is criminal neglect or exploitation of a child by his parents or where a child's health is menaced by conditions in his environment, foster-home placement may be the only solution. In any problem of child welfare it is important to remember that foster-home placement is generally preferred to institutional commitment, but that efforts to improve the situation in the child's own home will be most rewarding.

Rural Aspects.—Often because of environmental lacks children in rural districts present unique problems. Isolated as many farm children are, there is danger of personal stagnation and even degeneracy unless stimulating and compensating factors are introduced into their experience. Sociologists have shown how even comparative isolation

produces a sort of gelatinoid mental state which is sometimes mistaken for deficient intelligence. Unless children are provided with stimulating play and social contacts they do not achieve the personal development and creative urge which normally might be theirs. If it is not possible for rural children to have the experience of working and playing with other children, provision should be made for toys, books, and other stimulating educational aids. Extreme passivity on the part of some country children when play or play materials are presented to them may be due to other causes than lack of social experiences, however. Lack of proper and sufficient food, poor health, or rejection by one or both parents may be involved.

PROTECTING CHILDREN

Neglected Children.—Children may be neglected because a mother is compelled to work outside the home, leaving her children to shift for themselves; because the parents are ignorant of health protection and nutrition facts or lack knowledge regarding the emotional needs of children; because of insufficient income in the family to give the children adequate food, clothing, medical and dental care, or because quarreling or anxiety and worry of parents prevent the development in their children of mental and emotional stability.

Public ignorance and indifference are large factors in the existence and continuance of child neglect. Allowing any children to die of preventable diseases; failing to provide adequate recreational and educational facilities for all children; permitting slums and delinquency areas to exist when their great harm is known, and allowing any children to go ill-fed, without proper clothing, and without periodic checkup of general health are evidences surely of a strangely short-sighted public attitude toward irreplaceable human assets.

Many public programs to serve the interests of neglected children are carried on. Day nurseries and nursery schools care for children whose mothers must work away from home; parent-teacher organizations and adult-education programs provide instruction in child care to mothers and fathers;

school lunches are provided free for needy children in many schools; and many communities require health examinations and health education of school children, and provide public health centers and child guidance clinics as well as free maternal health services.

Exploited Children.—The problems caused by the exploitation of children for economic gain are numerous. Laws regulating child labor vary greatly in the different states. Legislation setting up uniform rules and regulations has been declared unconstitutional, and efforts to secure a constitutional amendment to protect all young children have been unsuccessful so far.

From a humanitarian point of view child labor appears to be inexcusable, and the harm to the children undoubtedly overshadows in social loss the possible economic gain to the individual employers who exploit them.

Child labor prevents the happy, normal development of children. Children are more liable to accident and industrial diseases than adults. The monotony and fatigue of the industrial and agricultural tasks assigned to children are injurious to their unformed minds as well as to their growing bodies. Denied time and opportunity for healthful play, the personal and social development of children who labor for some adult's gain are retarded.

The National Child Labor Committee in *Publication No. 379*, October 1939, estimates there are between 750,000 and 900,000 children, under sixteen years of age, gainfully employed in the United States. In 1930, the United States census counted 1,500,000 boys and girls of sixteen and seventeen years of age who were employed, one-third of them in agriculture.

Children under sixteen years of age, gainfully employed, are found in the greatest number, between five and six hundred thousand, in commercialized agriculture. A count of the children among all agricultural workers, including those in migrant agricultural families, would undoubtedly make the number much larger. The next largest groups of child laborers are employed in street trades, in retail stores, bakeries, garages, repair shops, hotels, restaurants, domestic services, and bowling alleys.

The extent and nature of child labor, particularly in cities, have changed radically during the past decade. General unemployment, increased mechanization of industry, provisions in Federal legislation tending to standardize minimum wages for employment, and the general interest in the campaign for the Federal Child Labor Amendment all have had influence on public thinking and action regarding child labor.

Mistreated Children.—Children may be mistreated by drunken, mentally deficient, sadistic or brutal adults, or their mistreatment may be due to ignorance or fanaticism. Such children are succored by agencies such as the Societies for the Prevention of Cruelty to Children, Humane Societies, and the law in the person of city and county police officers and in the machinery of juvenile courts. In isolated localities cases of mistreatment are apt to escape attention and only when tragedies of abuse, exploitation, child marriage, or criminal neglect come to the attention of the public via newspaper headlines are citizens aroused to the need for an agency concerned for continuous adequate protection of all children.

The Case Worker's Responsibility.—The obligation to secure protection for neglected, exploited, and mistreated children is the professional responsibility of the social case worker. Cases of individual child neglect may come to the attention of the social worker, or she may learn of the mistreatment of a group of children in an institution or the exploitation of others in beet or cotton fields. The case worker frequently has the whole burden of arousing the community to take action to protect children. Generally she has also the tasks of visiting the home or institution, conferring with parents, relatives, teachers, and employers, getting legal aid if required, and securing the consent of the court where the safety of the child requires immediate removal to a temporary foster home.

Social case workers need to be alert to evidence of neglect, exploitation, and mistreatment of children. The behavior and appearance of children are generally indexes to their care and treatment, and reports of schoolteachers and nurses give clues to home situations. To aid her in se-

curing essential community cooperation and support, the case worker will find helpful facts and statistics in United States census reports on the rate of infant mortality, on the physical defects of school children, and on the extent of malnutrition among children.

AIDING HANDICAPPED CHILDREN

Area of Service.—Social case workers require knowledge of the special physical, psychological, and social needs of handicapped children. Social case work for blind, crippled, deaf, and mentally deficient children has been performed largely by special agencies but in the wider establishment of state departments of public welfare, services for the handicapped have been included in public welfare programs. In some states, and particularly in rural areas, county and township social workers now render service to handicapped children and adults. While the number of the handicapped is small compared to the total numbers on relief, their adjustment problems are many and complex and skillful treatment is required.

The National Health Survey of 1935-1936 found 210,000 children under fifteen years of age who needed orthopedic treatments. A school survey of 1936-1937 of 1,062,383 children showed that 61,485 children had impaired hearing, of whom 10,469 were receiving instruction in lip reading. According to the United States Census of 1930, there were more than 11,000 blind children under fifteen years of age.

Approach.—Handicapped children should be greeted and talked to in a calm, matter-of-fact way. If it is necessary to refer to a blind or crippled condition it should be done frankly and unemotionally. Experts warn parents and social workers to watch their attitude toward afflicted children; pity, sentimentality, grief, and emotionalism are all taboo. Recognition of the handicap is essential, of course, but too much attention to it and over-indulgence because of it rob handicapped children of opportunities for achievement and unselfish service. All handicapped children, whether blind, crippled, deaf, or mentally deficient should be helped to understand that they have a place and a contribution to make in the world. They should be encouraged to partici-

pate in normal activities to the limit of their abilities. If special classes are not available to help a child meet his particular handicap and achieve needed rehabilitation, individual home teaching can be arranged through special agencies. Insofar as possible, education and training should be with classes and groups of normal children. Withdrawing handicapped children from participation in normal life is not generally approved. In special cases where home facilities are inadequate for proper care of a child, institutional care and education may be necessary for a time. However, the child should be returned to his own home as soon as possible, if arrangements can be made.

The aim of social services for handicapped children should be to help to fit them to live as nearly as possible the same kind of life and enjoy the same activities as normal children and thus insure their greatest happiness.

There are certain popular fallacies with regard to handicapped people which should be abandoned. One of these is that blindness or deafness, and some crippled conditions, bring organic compensations: that the blind because they are blind have more acute hearing, and the deaf because they are deaf have intellectual acumen or superior vision. Specialists tell us this is not true. Through concentration and intensive training, individuals may develop such compensatory functioning but it is not something that just happens. Another fallacy is that all the blind, all the deaf, or all mental defectives are unique groups of people: that all the blind have similar tastes, desires, and ambitions, that all the deaf have similar likes and dislikes, and that mental defectives are all lacking in the same way. It is important in approaching problems of the handicapped to realize that each individual is a unique person. Merely to say "he is blind," or "he is deaf," or "he is feeble-minded," does not constitute a real description of such a handicapped person. Another fallacy is that handicapped people like to be among people similarly handicapped. Such is not the case normally. They like to work and play with non-handicapped people and services for them should be planned with this truth in mind.

Physical Care.—When a handicapped child comes to the attention of a social agency the case worker should endeavor to secure for the child a complete physical examination. Then corrective steps can be taken if the defect is improvable or curable. Early diagnosis and treatment are important. Experts tell us that 75 per cent of all blindness could have been prevented, and that early attention of specialists for crippled or deformed children can greatly alleviate suffering and prevent the extension of malformations.

Education.—Where the home cannot give the handicapped child the needed special training, the case worker has the difficult task of persuading the parents to allow their child to be sent to a training school or hospital. If the worker can assure the parents that the separation is temporary, which it should be, her task is easier.

Handicapped children have to compete with normal children and therefore should be equally skillful and knowledgeable, if not more so, in order to minimize the hindrance of their disabilities. Teachers find it difficult to overcome a tendency on the part of handicapped children to be satisfied with less than normal achievement.

More thought and study has been given to the education and training of the blind, the crippled, and the deaf, than to the problems of the mentally deficient child. However, studies have been made of children and young people of low-grade intelligence which prove there are many tasks they can perform and that they can be trained to lead useful, happy lives.

Social Needs.—Insofar as possible the social and recreational activities of the handicapped should be like those for normal children. Of course they cannot play games where their particular disability precludes required performance, but there are many activities in which they can participate and often excel. Swimming, dancing, skating, bowling, and rowing are possible to most of the blind and the deaf and to many handicapped otherwise. The playing of musical instruments, singing, and participation in dramatics are possible to most handicapped children.

Expert advice and assistance are available from special agencies interested in the blind, the deaf, and the crippled

to aid the social case worker in furthering the best social development of handicapped children.

SAFEGUARDING CHILDREN

Area of Service.—Safeguarding illegitimate, delinquent, and adopted children is a part of the services of many county and township public welfare workers. Judges have found it helpful to have the aid of county social workers with the children's cases which come before their courts. They value the knowledge and understanding which social workers have about families and seek their advice and co-operation in the disposition of children's cases.

Societies for the Prevention of Cruelty to Children (SPCC) have been organized in many cities. Some of these have added child-caring services to their protective functions in bringing to justice adults guilty of mistreating children and in removing children from surroundings harmful to their physical or moral welfare. Where there is no SPCC, family welfare societies or county welfare agencies take over the safeguarding of children's interests.

Illegitimacy.—The total number of illegitimate births per year has been estimated at seventy-five thousand. The problems of safeguarding infants born out of wedlock are many. The mortality rate among them is two to three times that among legitimate offspring, and serious health, psychological, and maturation difficulties are produced by the absence of prenatal and postnatal care of the young mothers, by the lack of continuous and proper care of the health of the child, and by the separation of mother and child.

Fifteen per cent of the children cared for in public institutions are of illegitimate birth, according to the United States census report. Various studies have shown that the majority of mothers of illegitimate children are under eighteen years of age.

Illegitimacy produces a multiplicity of problems affecting many more people than the infants themselves. In plans of service, consideration is given to the young mother's feelings, to the attitudes of her parents, and to the attitudes and behavior of the baby's natural father and his parents. Where to secure support for the child is a problem—whether from

the natural father, his people, the young mother's people, the county, or other source—and plans seek to safeguard the child's future. Physicians, psychologists, and sociologists are agreed that the environment of the child should be as normal as possible. All factors in the total situation are considered carefully and dispassionately, and in making the best possible adjustment for the child inevitably the case worker will be concerned with the personal and social adjustment of the young parents.

Because of the social and economic problems which confront youth today, causing delayed marriages among many thousands of them, the problems of illegitimacy threaten to become greater in the decade before us.

Delinquency.—The United States Children's Bureau reports 3,000 juvenile courts in the United States and its territories, dealing with 200,000 to 250,000 children yearly. In 1933, the Bureau of the Census reported 30,498 children under eighteen years of age in juvenile training schools, with probably twenty thousand more under the supervision of these schools. About 49 per cent of the children committed to these schools come from broken homes. Statistics show that upon release, less than one-third make satisfactory adjustment. Fifty per cent of them grade low in intelligence.

In addition to the large numbers of children who come before the courts because of their delinquencies there are a great number on the border of commitment—truants from school, runaways, petty pilferers, and those having serious behavior problems.

The child welfare services established under the Social Security Act have greatly extended case work services to children in danger of becoming delinquent, particularly those in rural areas and other areas of special need. With the funds available from the Federal government for this work, many state welfare departments are making provisions to have psychological and psychiatric services extended to problem children throughout their states.

The laws of many states provide for children's cases to be heard separately from those of adults, with the public excluded and the hearings informal. Detention shelters are provided in many centers for children waiting for their

hearing, but in some localities children are housed in jails and police stations pending their appearance in court.

In helping the delinquent child to make the best possible social adjustment or in aiding problem children of families receiving public assistance, social case workers endeavor to understand the whole child—his strengths, potentialities, past behavior, his drives, and his limitations—as well as the total situation in which the child is placed. Where possible, diagnosis of difficulties and recommendations for treatment should be made by a psychiatrist, but where the services of a psychiatrist are not available case workers may be guided by certain general principles in the treatment of behavior problems of children.

To understand the whole child in his total situation the attitudes of the adults in his home should be studied carefully. The behavior of a child cannot be separated from the forces which play upon him, developing or inhibiting him. Are his parents, his teachers, or other adults intimidating, repressing, or pampering him? The pattern of the child's conduct at home is important. Is he excessively docile or boisterous and aggressive? What is the significance of his behavior? Is he trying to make some sort of an adjustment with an inner conflict or urge or is he seeking an outlet for repressed emotions in mischievousness or delinquency? Is his shyness an expression of deep anxiety?

The social life of any child is an important factor in his behavior. A boy's gang may have an important group value for him particularly if there is a feeling of belongingness and social adequacy because of his membership in the gang. Case workers endeavor to understand and appreciate the values in such relationships. Unemployment, emotional stress, and neglect at home drive children to seek security and approval in another group and if youth organizations, schools, or settlements do not offer activities to attract and hold a boy, a street gang always welcomes him.

Psychiatrists and pediatricians have found delinquency to be caused by constitutional defects, brain trauma or encephalitis, and there is a fairly well-established theory of a neurotic basis in behavior difficulties. Specialists, however,

do not agree as to the causes of various forms of delinquent behavior and there are therefore no definite formulas of treatment to help social case workers.

Treatment procedures for delinquent children are in social, medical, educational, and psychiatric areas. The services of social case workers are in the social and educational areas of treatment, and their efforts are generally directed to promoting the better understanding of problem children by parents and the community and to securing environmental additions or changes for children.

Adoption.—Social concern for children who have been adopted or are to be adopted is of recent origin. It was formerly comparatively easy for a parent to give up his child and allow another person to assume responsibility for the child's care, but today in most states court action is required for termination of parent obligation and the transfer of guardianship. In some states such transfer is made first to a state-accredited agency which arranges the adoption. A few states still allow uncontrolled voluntary transfer while others require registration of adoptions. Complete privacy of records is a point of law in some states.

It is quite a common practice in guardianship agencies to place children in possible future homes for a brief trial period, an arrangement usually satisfactory to both the adoptive parents and the child. Such a procedure is in operation in about one-half of the states and the District of Columbia. Consent of the child to be adopted is required in many states if the child is between twelve and fourteen years of age. In cases where a child later proves to be epileptic or to have any defect that undoubtedly was present prior to adoption but not known to the adoptive parents, the adoption may be annulled in some states.

Since many state departments of public welfare now have the administration of child-caring programs, the case work investigation in an adoption is generally turned over to the city or county case worker in the locality. Thorough investigation of all the factors in the total situation of the child's own parents and that of adoptive parents is generally required. The principles and procedures which guide social

case workers in foster-home placement govern them likewise in adoption programs.

ALL CHILDREN NEED TO PLAY

Play is essential to the normal development of children. Play has physical, psychological, emotional, and social values for them. Play brings them joy and satisfies inner drives. Children of the unemployed and of disadvantaged families require special opportunities for play.

An essential part of the equipment of a case worker is knowledge of the recreational opportunities in the community for children of all ages. Participation in a play group often solves a child's problems and the expression and recognition achieved in play bring satisfactions and security to children.

Public playgrounds, parks, swimming pools, skating rinks, tennis courts, and ball grounds exist in large cities, and free facilities for play are also available there in settlements, boys' and girls' clubs, day nurseries, and nursery schools. Play leaders and instruction in skills are likewise provided.

In towns and rural areas there is little organized community recreation and a minimum of facilities for play. In such areas social case workers generally do everything possible to arouse public interest and support for recreational projects.

ALL CHILDREN HAVE A RIGHT TO HEALTH

Social workers realize that of all welfare services for children efforts directed toward securing for every child maximum possible health are of primary importance. All children should have the benefits of modern scientific achievements in child nutrition and child care, yet hundreds of thousands are denied such benefits and the health of many thousands is neglected completely.

There are more than 1,200 counties in the United States which have less than 15,000 population. In such counties the local governmental units do not have financial resources to provide modern health services. Hospitals are greatly needed. The Federal government builds post offices and

highways throughout the country. There are present indications that they may soon awake to their responsibility to help build hospitals.

Federal provision for grants-in-aid to states cooperating in a program of maternal and child health services, aid to crippled children, and public health services is recognition of national responsibility to further the health and well-being of children. Under the maternal and child health services, 2,600 nurses have been placed in rural areas, bringing the total to 6,000 now working in such areas. The Aid to Crippled Children is bringing orthopedic clinics and follow-up nursing service to crippled children.

Nursing care of expectant mothers at the time of confinement is one of the most neglected aspects in our public health nursing program, especially in rural communities where there are no hospitals or nursing help of any kind. Seventy-five thousand infants are stillborn every year, 69,000 babies die before they are a month old, and more than 12,000 women succumb to causes connected with pregnancy and childbirth. The proper health care of children starts with adequate prenatal care.

Social workers cooperate in programs to educate the public to the inalienable rights of children as set forth in the Children's Charter and join in efforts to obtain for all children good food, pure water and milk, comfortable clothing, sunlight, air, and proper housing; health examinations; medical, dental and nursing care; education, recreation, and that measure of security which brings joy of living.

QUESTIONS FOR DISCUSSION

1. What are the four large areas in child welfare work?
2. What is the approximate total number of children receiving some form of public economic aid?
3. According to the United States census report of 1933, 140,352 children were receiving institutional care and 66,350 were cared for in foster homes. How do you explain this in the light of the accepted theory of the greater value of foster-home care?
4. What information should be secured about a prospective foster home for a dependent child?

5. What compensatory factors can be introduced to minimize the harmful effects of isolation on farm children?
6. How many children under sixteen years of age are gainfully employed in the United States according to the National Child Labor Committee? In what occupation are the greatest number of them employed?
7. Should handicapped children be taught to seek their recreational activities with children similarly handicapped? Why?
8. How many illegitimate births are there in the United States each year?
9. How many juvenile courts are there in the United States? Of the children committed by these courts to institutions what per cent make satisfactory adjustment when released?
10. What services do social case workers render delinquent children?
11. What does the case work investigation cover in an adoption case?
12. What is the most important aim in child welfare services to children?

ACTIVITIES

1. Have each student report on the child labor laws in his own state.
2. Have each student secure a copy of the Children's Charter and participate in a group discussion of its provisions.

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CHAPTER 20

IN YOUTH ADJUSTMENT

The Youth Situation.—According to the 1930 census, there were 20,000,000 young people in our country between sixteen and twenty-four years of age. The 1940 census will undoubtedly show a present number close to this figure. Of the 10,000,000 youth who reached employable age in the years 1929 to 1934, 5,000,000 were reported still unemployed in 1935. As to the total number of unemployed youth in the United States today, no exact count has yet been made but a reliable estimate places the figure at 6,000,000.

The social problems of youth are largely the outgrowth of lack of economic and educational opportunities. One large problem which looms with threat of serious consequences is the use of their leisure time. What are the millions of unemployed and out-of-school youth doing in their sixteen free hours a day? No large study has been made to throw light on the situation. No plan has been presented for constructive use of these hours, the potential value of which is being lost forever to our needy civilization.

There has been little attempt to relate school experiences to life situations even in urban schools where greater school funds permit wider and richer curricula. The wasted years of youth between school and employment extend from two to five years.

Rural Aspects.—The situation of rural youth presents special problems. It is estimated there are at least two million rural youth dammed up on their farm homes because of lack of occupational opportunities. This does not include the thousands of rural youth who migrate to cities and towns seeking opportunities.

Exhaustion of timber and minerals, decline of soil fertility, erosion, regulations and quotas, as well as technological developments have reduced the traditional opportuni-

ties on farms, and the great majority of rural youth have not had the opportunity for education and industrial training to fit them for other occupations.

Organized community recreation for rural young people is scarce and the consequence is that they seek commercial amusements in near-by towns. The unemployed rural youth seek the same, regardless of whether they can afford it, or take to the open road with their thumbs as their passports to adventure. The need is for special programs of recreation and education for rural boys and girls, geared to fit the rural scene.

The great increase in the amount of leisure time of rural youth, due to mass unemployment, adds to the imperative-ness of the obligation to aid them constructively.

Federal Aid.—The National Youth Administration, in its June, 1938 report, stated that there was an appropriation of \$75,000,000 to care for a possible 600,000 young persons for the year ending June 30, 1939. Of this number 326,644 were needy students, leaving 273,336 youths from relief families to receive part-time employment at about \$14.71 a month.

In the one and a half years to January, 1936, the United States Employment Service registered 1,883,000 young people under twenty-one years of age and found jobs for 831,000 of them—the lowest placement rate for any group aided by the service.

We are apt to think, or give as an excuse for not thinking, that the government is taking care of needy people, yet Federal services for young people today, including the CCC which offers boys temporary opportunity for healthful activity, aid only about one-fifth of the total unemployed youth.

Industrial Apprenticeship.—The apprenticeship opportunities for youth are limited. Important labor unions have not encouraged the training of newcomers in the building, printing, and metal trades which traditionally have absorbed a large number of young men.

Recent developments in the world scene have called attention to our lack of skilled labor, and the national government is now subsidizing the training of men in auxiliary trades as part of the national defense program.

Social workers are alert to the development of programs by the government, by industry, and by organized labor for the industrial training of youth and their admission into industry.

Civil Service.—Youth must be turned from the mirage of civil service as an opportunity for one and all. When thousands file for a single clerical examination something is wrong with the guidance given to youth. We can't all work for the government and continue to be the democracy we prize. What young people are seeking, however, is security, the security of a job; and they are not motivated, fortunately, by desire to increase the reach of the long arm of government. Young people need careful guidance and instruction to orient them intelligently to the fields and function of government service.

Youth on Relief.—Social case workers admit neglect of young people in the relief families they serve. They are busy administering benefits under the Social Security Act to little children, the crippled, the blind, and the aged, and little time is left to serve the peculiar and uncategorized needs of the young.

Social workers, like the rest of the public, have read about Youth with a capital Y, about their unemployment, their restlessness, their delinquency, their gambling, their delayed marriages, and their submergence in the unreal world of the movies, the radio, and the pulp magazines. Social workers today are accepting the challenge to use the case-study method to help solve the problems of the young people in relief families.

The need of youth for guidance and leadership is everywhere apparent. Studies have shown that 75 per cent of all youth do not receive anything which could be called guidance.

Approach to Guidance.—Social workers endeavor to sift intelligently literature intended to aid in the guidance of youth. It is not good sense to tell a young man who has never tried himself in a job and who has been looking for work for two years that he must analyze his aptitudes and interests (which he cannot do without professional help anyhow) and that he must only take a job which he is sure he

will like, which promises steady employment at a living wage, and which offers opportunity to win promotion. A volume of success stories of the hardy individualists of pioneer days bears little relation to the problems of young men and young women today. Life situations are different; we can no longer truthfully tell youth that energy will produce results, that "early to bed and early to rise will make them wealthy," or that if they study hard, wash clean, and always do a little more than they are paid for they will succeed. These and other formulas now have a hollow sound.

Young people want to chew on the red meat of reality; they want a vital job of real work, not made work, whether it be slicing meat, selling cheese, polishing doorknobs, or laying rails. They want the chance to try themselves, to feel their occupational muscles and to use their powers on legitimate, needed tasks.

Guidance.—Each unemployed youth is a distinct individual. His characteristics, potentialities, aspirations, background, and record, and his own views of his problems should be known to the social case worker endeavoring to assist him. Parents should be consulted about their desires for their children. Resources in the family group and in the community should be known and utilized by the case worker.

What educational facilities to teach industrial and other occupational skills are available? Does the high school teach anything beyond the traditional academic and a few anemic commercial or manual-training subjects?

The social worker should also find out the employment needs in her district. In one county seat a worker discovered that there were needed the services of carpenters, electric repairmen, garage mechanics, a veterinarian, a baker, a milliner, landscape gardeners, an optician, dressmakers, and confectioners. Residents found it impossible to buy home-made cake on Main Street except twice yearly when church societies had food sales. When radios or refrigerators got out of order an electrician was called from a town forty-five miles away. An automobile-accessory shop had to hire a salesman from a distant city when there were seven local young men who could have filled the job satisfactorily if they had

had a six months' course in merchandising and salesmanship. Housewives who wanted plants for their lawns or gardens wrote mail-order concerns or traveled miles to neighboring counties. Yet youth in this town loafed on Main Street and sought aid from the NYA because there were no work opportunities.

If case workers are to be of real service to the youth in the families they serve, they need knowledge of existing work opportunities for young people and of the training needed to fit them for those opportunities as well as knowledge and understanding of the desires, aptitudes, and potentialities which are the contribution of the youth themselves. Case workers also need to be alert to potentialities in the environment for the development of new work opportunities for youth.

Youth Councils.—Social work agencies have cooperated with communities in setting up Youth Councils to aid in the problems of unemployed youth. A complete registry of all unemployed young people is set up. Committees canvass job possibilities in the community—where they are, what they are, where others might be if the young people had special training, and where jobs are not but might be and why. When these committees turn in their reports conferences are arranged with local businessmen, the school board, the young people, and their parents, as well as social organizations and governmental officials. With all the forces in the community directed to solving the problems of their own unemployed youth results are being accomplished.

Importance of Constructive Attitude.—Case workers can help young people to attack problems in a more hopeful and confident manner. There is no place for a defeatist attitude. People talk about the passing of American frontiers and the end of challenging pioneer days. If we take our heads out of the clouds of economic theories and generalizations and face situations we discover that the frontier is right before us and that the enemy facing us is not the Red Indian but something equally challenging and more insidious, namely, our own mental inertia.

We still have resources in America and the greatest are the unexplored areas of cooperative action. The frontiers for young people are new and uncharted but the demands are still for courage, ingenuity, versatility, cooperation, and service. Social workers can help young people evolve weapons of achievement. Intelligent guidance and leadership will promote youths' confidence in themselves and in the reality of present opportunities in America.

QUESTIONS FOR DISCUSSION

1. What do you think should be done for the 6,000,000 unemployed youth in the interest of the greatest social good?
2. Compare the situation of unemployed rural youth with that of unemployed city youth.
3. What proportion of unemployed youth, between sixteen and twenty-four years of age are aided by Federal youth agencies?
4. Why are there few apprenticeship opportunities in the skilled trades for young people today?
5. Do young people seek civil service jobs
 - a. Because they want to serve their country?
 - b. Because they think they are especially fitted for government service?
 - c. Because they want a job with security?
 - d. Because they think the government should eventually absorb all business and all workers?
6. Did you receive any vocational guidance while you were in high school? Have you had any since coming to college?
7. What is the value of a Community Youth Council?
8. What do you think are youth's greatest problems today? What do you think should be done about them?

ACTIVITIES

1. Have the members of the class tell of cases known to them or of which they have read, of youth pioneering in new and unusual jobs.
2. Have each member of the class take one of the following subjects and write 500 words about its influence in moulding the character of young people today: radio programs, movies, pulp magazines, career conferences; books on guidance, personality, or etiquette; swing music, the depression, the present world war.

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CHAPTER 21

IN OLD-AGE ASSISTANCE

The Situation.—Statistics have established that old people are making heavy biological gains against the young; the birth and mortality rates are declining. Within a decade, we are told, half the voting population of our country will be over fifty years of age.

Social workers, particularly, need light on the problems of the aged. The concept of old age as a time of physical infirmity, mental deterioration, and general uselessness is outmoded; a new role of activity and achievement has emerged for the aged. Little has been written and little is known about the problems of old people. Yet in February, 1940, there were in the United States, 1,932,151 old-age assistance clients. Their average monthly allowance was \$20.15.

The physical, emotional, and social needs of these 1,932,151 old people have received little attention until recently because of lack of knowledge about them. Senility and increased dependence are not the only outlook for advanced age. The accumulated knowledge and wisdom of these nearly two million people can and should be turned into a plus for themselves and for society. Social workers should acquire special knowledge and skills to make their service to the aged valuable.

Medical Knowledge.—Medical authorities admit they have made no intensive study of the special health problems of the aged. They confess to preoccupation with the young and a somewhat defeatist attitude toward the old. Like many social workers they have resignedly said, "Oh, well, old folks are like that!" Now, however, with every old-age assistance recipient a potential applicant for free medical service doctors are compelled to give consideration to problems of old age, and reverberations from their initial efforts have already been heard.

Not more than one-third of the old people coming to clinics, the doctors tell us, are actually in need of medical aid. Given adequate and properly cooked food, suitable and sufficient clothing, decent housing, and above all some opportunity to be effective and important, the majority of old people, they say, would have little need for medical services. Old age, doctors also tell us, is never wholly physiological and in some cases not physiological at all. Senescence comes most frequently after some marked crisis in life, such as loss of position, health, prestige, or family, and generally occurs after the fiftieth year. Inactivity and isolation, whether due to economic, social, or physical factors are more directly productive of senile symptoms than the inroads of physical decadence or disease.

Furthermore, the doctors inform us, a disease is not necessarily a disease of old age because it occurs in an old person. The disease may have been latent for years and assumed pathological proportions only on the advent of a crisis in the individual's life. The doctors also hold that the proper study of the physiological factors of old age cannot be isolated to the period of old age; such study should cover the whole life span.

Psychiatric Aspects.—Psychiatrists likewise study all the experiences of the individual. Personality and emotional failures do not come suddenly at any particular age, but are the products of the total living of the individual. A person who has never amounted to anything all his life will not suddenly achieve greatness at seventy or eighty years of age. It is important to find out what resources of character, emotions, intelligence, and abilities each old person brings to his advanced years.

The emotional problems of old people are perhaps the most difficult to understand. Experts affirm that the crotchets, complaints, jealousies, and despotic tendencies of the old which are so irritating to their families and so upsetting to case work efforts are the healthiest kind of defense reactions. When Grandma gets domineering it is probably a sign that she feels her authority slipping from her, and rather than admit this fact to herself she becomes more authoritative in an unconscious endeavor to reassure herself. To

admit even to herself that her opinion or judgment was no longer valued would be to admit there was no need for her to live, unless, of course, she were fortunate in finding some compensating outlet for her need to be effective. Fear of dependency, loss of love and esteem, and awareness of diminishing usefulness are some of the emotional hazards which influence the behavior of old people.

Cases of physiological deterioration and aging from unemployment are known to social workers. Freud has an explanation for the phenomena: if an individual's unconscious drives cannot be delivered to their objectives in the outer world they are turned against the individual himself. Not having the satisfactions of belonging and achieving which come from performing useful and needed work, people become ill, develop organic and mental disorders, may commit suicide, or die from what appears to be natural senescence.

Recreational Needs.—Old folks do not like to have things done for them. Deprived of much activity as they grow older, they relish every opportunity to do for themselves and for others. Activities planned for them should take into account physical limitations. Despite handicaps in hearing, seeing, walking, or general strength, however, old people have the imperative drive to achieve. A county welfare worker related the following story of a party for old people in her community:

I recall the first Old Age party we had in our county. We had read that old people needed social activity to prevent institutional deterioration, so we planned a party for them.

The Methodist Church gave us the use of their attractive parlors. The softest chairs were grouped about in little circles, companionably we thought; footstools were brought in for aged feet; bright colored yarns were purchased to add cheer to Grandma's knitting; a musical program of olden songs was planned by a group of young people.

Old people should not be left to think about their infirmities, we had been told, so we proposed to keep them happily entertained. It all seemed very pretty and kind, as we had planned it. I remember a tear trembled on my cheek as the cars began to arrive, bringing the old folks in from the country, from the poor

farm, and from across the tracks. That moment, however, was my last one of full consciousness. With soul-rending suddenness, my late-nineteenth-century-old-age-ideology gave way, as the old folks took over.

Old Pop Anse started the offensive. "Dad drat it," he said, "git your hands off that coat. I reckon I kin still git in and out my own clothes, and don't call me Grandpa. My name's Anse!"

Sara McGuire, from across the tracks, thrice widowed and sixty-eight years of age, said, when she saw the colored yarns, that she was willing to knit if we wanted the yarn made up, but she allowed she'd rather sing. She was particularly good, she said, on the "Holy City."

Mrs. Comptin, seventy-eight, and arrow-straight of back, chose a stiff chair by the window. When she saw the yarns, she said she hadn't brought her glasses as she hadn't expected to work; she thought it was to be a party. She had kind of hoped we might have a missionary to speak; she always had liked to hear about them lands "away over yonder."

After the first verse of "When You and I Were Young, Maggie," the young people were unceremoniously relieved of all further responsibility for the entertainment. With Miss Louella, a music-hall artiste of nickelodeon days, at the piano, Ab Whitbar a-tooting on his flageolet, and Mrs. McGuire leading the singing, the old people went to town on "Rose of Washington Square," "Side-walks of New York," "Oh, Suzanna," and anything and everything, but not "Silver Threads." We were all getting "hot" on "Alexander's Ragtime Band" when Cannonball Conklin, age seventy-three, volunteered to do some fire-eating, a residuum of talent from his vaudeville days.

The last I recall was Cannonball's request for some gasoline for the grimy sponge he drew from his pocket. It seemed that when the sponge was "lit," he would swallow the flame.

Educational Needs.—Educational and recreational activities are what the old-age assistance clients want and need. Many of them all their lives have cherished some heartfelt desire, the gratification of which they see threatened by their advancing years and poverty. Paintboxes, table games, tools, and musical instruments should be made available to them, and adult-education teachers should be secured to give instruction in new skills and encourage development of old skills.

Social workers have joined with libraries, clubs, schools,

and settlements to form community councils for the promotion of adult education. Such councils work for educational programs which will meet the needs of adults in the community. Experience has shown that the classes most successful are those most closely related to the economic well-being or personal happiness of the members, and that learning interests are best sustained when they are self-determined. This is true of adults generally as well as of the old.

The United States Office of Education gives government subsidies to aid in the establishment of forums and discussion groups for adults under the auspices of public schools throughout the country.

Social Life.—Old people often suffer from what might be called social malnutrition, and carefully selected activities should be planned to help bring them back to normal social participation. Isolated by physical infirmities and discouraged by society's disregard of their need for participation in the life about them, old people generally have to be coaxed into activity. Case workers in public welfare work have not the time to give the old folks all the attention they crave and need. Therefore, community resources of settlements, women's clubs, churches, schools, and volunteer visitors should be utilized. While the activities arranged by these groups may not always accord with case work principles, and may even raise emotional hazards through sympathy and over-indulgence of the old folks, the effects on the old people cannot be as harmful as the social and physical isolation which is their usual lot. In seeking visitors in any plan of volunteer visiting or leaders for clubs of old people, persons should be sought who really enjoy and appreciate old people.

Character of Case Histories.—All possible information significant for social treatment should be secured from the life histories of old people. The pattern of living, whether urban, rural, or small-town, is important. In old Miss Epps who has spent a long life in the kitchen of an isolated farmhouse we get a different picture of needs than in sharp-tongued, rheumatic but still romantic Maizie Bell who once traveled as a dancer with a road show. The role formerly played by the old person in the family household, whether active or

passive, will throw light on present emotional problems and family conflicts. Major adjustments or crises which have come since the age of fifty should be known. Loss of employment, death of husband, wife, or supporting child, and failure in health are among the causes of emotional disturbance and physical deterioration in old people. It is also important to have information about interests and abilities of old people as well as knowledge of their acquaintance with and ability to use available community resources.

Conclusion.—Difficult as the problems of old age seem, limited as resources undoubtedly are, and meager as professional literature may be to aid in serving them, there is no escape for social workers from the responsibility to do something constructive for old people. Behind all the pension schemes—the thirty dollars every Thursday, the sixty dollars every Tuesday, the monthly \$200, and the ham-and-eggs plan—lies a poignant picture of the frustration and deprivation of the old. The very simplicity and literalness of their plans with little regard for the monetary wherewithal tell us much about the desires of the aged.

It is not enough to smile with cheery brightness at the foibles of the aged, dismissing their problems with a wave of the hand. Sweeping generalizations about old people cannot serve as a basis for social case work practice. Old folks are individuals with abilities and potentialities as well as problems. Case workers study to increase their knowledge of them and their problems to better serve them.

Through increased opportunities for the education and recreation of old people and encouragement of their participation in social and economic activities, the accumulated knowledge and wisdom of the old can be made contributing factors to our needy civilization.

QUESTIONS FOR DISCUSSION

1. How many aged poor were receiving old age assistance in February, 1940?
2. What are some of the causes of senescence besides physical decadence?
3. What are some of the emotional hazards of old people?
4. What kind of adult-education classes are most successful?

5. Where can a case worker seek assistance in planning social activities for old people?
6. What information should be secured in the case study of an aged welfare client?

ACTIVITIES

1. Have students report on the social participation and recreational activities of old people known to them.
2. Discussion of laws relating to liability of relatives to support recipients of public relief.

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CHAPTER 22

IN AID TO THE BLIND

The Situation.—It is impossible to secure an exact count of the blind in the United States because of differing concepts of what constitutes blindness and because of the difficulties involved in locating all the blind, particularly old people and preschool children. A conservative estimate, however, is 115,000 blind persons, of whom 66 per cent are over fifty years of age.

Prior to the enactment of the Social Security Act, twenty-seven states had some form of blind relief, but with the encouragement of Federal grants-in-aid, furnished under the aid to the blind provisions of the act, forty-one states, the District of Columbia, and Hawaii now have state programs of relief for the blind which have been approved by the Social Security Board. In March, 1940, 46,317 blind individuals were receiving assistance. With the major Federal emphasis on financial aid to the blind, workers with the blind have feared other important needs of the blind might be neglected.

The primary objective of work with the blind has been their restoration to social and economic independence through the improvement of vision by medical care and treatment, through vocational guidance, education, home training, and social activities. While financial aid is necessary in many cases, such assistance is only one phase of a program of services needed by the blind.

While the public-assistance phases of work with the blind are being increasingly delegated to local public welfare offices, many states still maintain special agencies or special workers in departments of public welfare whose chief concern is the welfare of the blind. These agencies and workers can coordinate all available services for the blind—medical, vocational, educational, and social—and render a more com-

plete service than can possibly be performed by a case worker in a general welfare agency.

What Is Blindness?—In 1930 the Committee on Statistics of the Blind gave a definition of blindness which is now generally accepted: visual acuity of 20/200 or less. When a person can read the large type of standard tests for sight at a distance of 20 feet which a person of normal vision can see at a distance of 200 feet, that person is said to have 20/200 visual acuity. There are different kinds of visual handicaps which do not constitute total blindness, but because they prevent or limit choice of occupation they are considered equivalent to blindness.

Causes of Blindness.—Statistics show that 75 per cent of all blindness is preventable. This has special significance for social case workers. An initial step in their service for the blind is arranging for an examination of the blind person by an ophthalmologist, a registered physician specializing in eye difficulties. Lay opinions, whether of teachers, social workers, in records, or of the individual himself should not be accepted. The report of the physician is needed to give information, not only of the extent of the difficulty and recommended treatment but also as to the types of activity in which a blind person may safely engage and not further harm his sight.

Causes of blindness as discussed at length by Dr. Conrad Berens in the volume, *What of the Blind*,¹ are (1) cataract, (2) babies' sore eyes or gonorrheal conjunctivitis, (3) syphilis, (4) hereditary blindness, (5) trachoma, (6) glaucoma, (7) tuberculosis, and (8) accidents. While diagnosis is not the province of social case workers, of great value in their social services is knowledge that cataract, glaucoma, trachoma, and tuberculosis of the eye may be prevented or in large measure alleviated by good nutrition, decent housing, public health precautions, and expert medical attention.

Cataract, the most prevalent cause of blindness, may result from injuries, from senile conditions induced by infection, or from general health conditions. Glaucoma, the cause of much blindness in middle age and later, is now being

¹ American Foundation for the Blind, *What of the Blind*, New York, 1938, p. 17.

treated as a sick eye in a sick body, with treatment emphasizing improvement of general health. Trachoma, generally believed to be caused by a virus, is preventable and treatment measures are directed against unhealthful living conditions, overcrowding, and unsanitary living. Tuberculosis of the eye, while of many different types, is preventable and such an eye condition can be much improved by proper diet, sanitary living conditions, and medical attention.

Blindness due to babies' sore eyes, or gonorrheal conjunctivitis has been largely eradicated by laws requiring the use of prophylactic drops in the eyes of babies at birth. While not all babies' sore eyes are due to gonorrheal infection, such infection is the most dangerous source of blindness. When proper prenatal care is given mothers, physicians discover the presence of gonorrhea and give treatment to the mother before the birth of the baby and also special care of the child at the time of delivery.

The existence of hereditary blindness has been fairly conclusively proven, but many cases of so-called hereditary blindness are due rather to birth injuries or are congenital in origin. Blind parents who come to the attention of social workers should be referred to special agencies and medical resources concerned with hereditary and congenital diseases.

Psychological and Social Effects.—Psychologists believe there is a definite psychology of the blind. Shut in, as the blind are, from light, color, the beauty of movement, and the social interaction for which sight is necessary, psychological differences result. Their constant and necessary dependence on sighted individuals for leadership, planning, guidance, and protection produce in the blind peculiar thinking, attitudes, and behavior.

More devastating to the blind than blindness itself are the emotional reactions of the people about them to their blindness. The pity, indulgence, oversolicitousness, and emotionalism in their environment combine to make the social adjustment of the blind extremely difficult. Such reactions in others to their blindness deprive the blind of the strength to accept their handicap in a matter-of-fact way and to strive to overcome it. Constantly doing things for the blind, waiting on them, and piling up favors that accentuate their dif-

ferences not only develops self-pity and dissatisfaction but frequently produces overbearing and demanding attitudes which are disagreeable.

Blindness is a major handicap calling for an emotional and social adjustment not easy to attain. Those giving services to the blind, therefore, should watch their own attitudes and reactions to be sure they are aiding and not hindering such adjustment. The blind should be helped to achieve and to render unselfish service to compensate for their dependency on sighted persons. If the blind can learn to get about independently, perform necessary tasks for themselves, occasionally do things for others, and have opportunity for congenial work, pleasant recreation, and social experiences, their adjustment is in large part assured.

Popular Misconceptions.—The emotionalism, which characterizes the approach of most people to the problems of the blind has produced stereotypes about the blind which have operated against scientific treatment of their social problems. One of the most prevalent of such misconceptions is that all blind persons are compensated for their blindness by better hearing, sensitivity of touch, musical ability, or remarkable memory.

The blind do not have natural compensations for their blindness, such as better hearing, touch, or memory. When they acquire added special skills it is the result of concentration, perseverance, much study and practice, and through strong motivation to acquire them. Certain blind individuals, by reason of better innate intelligence, social education, and experience, function more effectively and skillfully, but they do so because of their superiority as individuals and not because of their blindness. The prevalence of broom and mop making, basket weaving, rugmaking, and other handicrafts in the traditional education of the blind is based on the misconception that compensatory manual ability is possessed by the blind. The education and vocational training of the blind should be individualized as carefully as that of sighted individuals.

Another popular misconception is that the blind like to be with other blind people as though blindness brought a sort of affinity for blind company. Efforts are often made to get

the blind together for social activities. Blindness does not make people kindred. They more greatly enjoy working and playing with sighted persons. Efforts should be directed to bringing blind persons into association with sighted people to share normal activities in normal situations. Forced to compete in a seeing world, blind people need all the experience they can get in association with seeing people.

Education.—The aim of education of the blind is to help them to function as adequately as possible in a sighted world. As 66 per cent of blindness comes in late years, adult programs of education to adjust the newly blind to their changed condition constitute a large area of education for the blind.

The cooperative type of sight-saving classes are most approved by parents, doctors, and students. This plan includes special classes where use of sight is involved, but joint classes with seeing students for all other work. Over 90 per cent of all schoolwork for the blind in the United States is of this type. The segregated type of classes where all study and work is done with other blind students has some advantages where small children and the newly blind are concerned.

Home teaching which is an essential part of any program of education for the blind is carried on in many states. Home teaching not only provides instruction in Braille, where no special classes are available, but provides training in vocational skills and needed personal guidance. Home teachers of the blind need case work skills to analyze the place of the blind person in his total situation and to aid in the difficult adjustment of the blind individual to his family.

Old blind persons sometimes find it difficult to learn Braille, as it requires sensitive finger tips. Volunteers can be used to aid them as it is not difficult for sighted persons to teach Braille and Moon type successfully.

Employment.—A number of factors contribute to the difficulty of placing blind people in regular employment. Many persons do not like to have handicapped people working about them. A study made by the American Foundation for the Blind showed that few employers retain blind people in their employ, and that once an employed blind person has

been released another is not hired to fill the vacancy. The Foundation has analyzed the reasons for this and concludes they are (1) an original poor selection of a blind individual for the particular job, (2) changes in production processes which involved the blind worker and caused the management worry in trying to adjust the blind individual, and (3) changes in physical condition of the individual which rendered him less capable, caused the management expense, and ruined the good will of the management.

It is almost impossible for a blind person to receive honest opinions and constructive criticism about his performance, and employers will avoid any possible responsibility for such criticism by closing their doors to blind employees. The blind worker, as a result, restricted in his ability to learn by observation and denied frank criticism by his fellow workers, tends to develop habits of thought and action which make him an undesirable employee.

The blind generally are compelled to seek jobs which require manual dexterity, reasonable intelligence, and to which blindness is no bar to normal production. Important considerations for workers who place blind people are to select a blind person who has the same general characteristics as the sighted person performing the same task, to exercise care in matching the personality and temperament of the blind person with that of the foreman and sighted workers in the department where the blind person will work, and to check the results closely during the training period allowed the blind person and withdraw him if he does not attain the speed expected of a normal worker.

Sighted supervisors are generally necessary for independent blind workers in street shops and at newsstands as they need someone to check on their personal appearance and on the appearance of their shop or stand.

Recreation.—The blind need the stimulation of healthy, informal, relaxing recreation. Recreation which stresses perfection in individual achievement increases emotional hazards for the blind. Activities which relax and which increase possibilities for socialization, such as amateur dramatics, gardening, group games of low organization, group singing, playing in an orchestra, hiking, dancing, and swimming do

much to ease tensions for the blind. Competing for awards and striving for extraordinary individual achievement may increase the prestige of the blind if successful, but such activity does not give the individual the healthful social experiences he should have. Social recreations especially appreciated by older blind people are opportunities to attend lectures, political meetings, concerts, and to go on shopping tours.

Library Service.—Today a free library service of Braille, and talking-book records and machines are available to the adult blind throughout the country. These books are deposited in twenty-seven regional libraries. Postage is not required for mailing books to the blind or mailing them back to the libraries. Under the administration of the Library of Congress, by special Acts of Congress, \$275,000 is available annually for purchase of Braille and talking books for the blind.

Talking books for the blind are comparatively recent. Although the invention on which they are based was in the Edison laboratories fifty years ago, it was not until 1932 that the American Foundation for the Blind saw its possibilities for the blind and established a laboratory for the development of talking books. Today there are 21,000 talking-book machines in use in the United States. Talking-book machines are loaned to those who cannot afford to buy them. The Federal government has aided, with grants of relief money the manufacture of machines to be loaned to the blind. The American Foundation for the Blind sells machines at cost price to those who can afford to buy them. While the talking books cannot take the place of Braille which is indispensable in increasing vocational skills of the blind, they are bringing enjoyment to thousands of visually handicapped individuals throughout the country.

Special Budgetary Needs.—Extra budgetary allowances and special services are given to the blind, not as premiums for their handicap but to somewhat equalize their chances in competing with sighted individuals. Case workers find it necessary to make certain additional allowances for food expenses as unscrupulous merchants sometimes take advantage of the blind, and not only cheat them in the quality of

products but frequently shortchange them. The blind also require extra allowance for such things as laundry, electricity, telephone, and occasional taxi fares. The blind should be encouraged to work and be self-sustaining, but the effort and strain on them to do so is so great that they need little boosts to their incentive and wherever possible a little extra help to encourage them.

Social Resources.—In addition to the financial assistance available to the needy blind under the Social Security Act, there are sixty-five residential schools and twenty-five city day schools for the blind, home-teaching services for the adult blind and for preschool children, and free library service of Braille and talking books, as well as a number of magazines in Braille. Vocational rehabilitation services under the United States Office of Education, sheltered workshops, free newsstand concessions in post offices, special fare concessions on railways, buses, and steamships, special discounts for blind necessities and books, and especially constructed games and appliances are all available to the blind, and likewise guides for travel and guides to bring them to voting places.

A number of national organizations provide free medical, educational, and social care. The American Foundation for the Blind furnishes the most complete service: it provides consultation service and field service; arranges for special fares and guides; furnishes individual scholarships; and maintains a reference lending library as well as a free lending service for talking-book machines or sale of them at cost price. The Foundation has been actively concerned with progressive methods in aid to the blind since 1921. Any social worker or other individual interested in helping the blind may write to the Foundation and secure their advice and cooperation.

The National Society for the Prevention of Blindness has stimulated and sponsored research on the causes of blindness and impaired vision and has promoted eye examinations for preschool children and public eye-health programs on the care and use of the eyes. The society has also established sight-saving classes and has worked to eliminate eye hazards in industry.

Because case work with the blind requires much personal attention to each blind individual, social workers concerned with the problems of many disadvantaged families turn to human resources in the community for assistance with this special group. Members of local fraternal and health organizations, of women's clubs, of parent associations, and teachers, college alumnae, and religious leaders have shown interest in matters pertaining to the blind and have extended helpful services to them.

QUESTIONS FOR DISCUSSION

1. What is the estimated number of blind in the United States? Of this number what per cent are over fifty years of age?
2. What is blindness?
3. What are the causes of blindness?
4. What per cent of blindness is preventable?
5. What social and psychological factors make social adjustment of the blind difficult?
6. What are some of the popular misconceptions about the blind?
7. What are the difficulties in the way of placing the blind in employment?
8. Under the administration of the Library of Congress, \$275,000 is available annually for purchase of Braille and talking books for the blind. How are these books made available to the blind?
9. Enumerate some of the social resources available to the blind.

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CHAPTER 23

IN VOCATIONAL REHABILITATION, PUBLIC HEALTH, AND MEDICAL CARE

PROBLEMS which confront social workers are as numerous and complex as the ramifications of life itself. While social case workers could not have understanding and skill to function as specialists in all the situations which come to them, they should have sufficient general knowledge to recognize the area of a problem and to know the resources for expert and specialized services in the different areas.

VOCATIONAL REHABILITATION

The Situation.—Surveys show that from twelve to fifteen persons in every one thousand of our population are handicapped by constitutional defect or disability caused by accident or disease which partially or wholly incapacitates them and prevents them from earning their own livelihood. Since 1920, our national government has made appropriations to states for programs of vocational rehabilitation of handicapped persons, and under the Social Security Act of 1935, Federal funds for this purpose have been increased to \$1,958,000 annually.

In addition to re-education and vocational training the handicapped need expert case work services to help them face their situation realistically and confidently and achieve satisfying social adjustment.

Agencies in the Field.—Private agencies exist in large cities to serve the needs of individuals who are cardiac, crippled, blind, deaf, or tuberculous, and a few of these agencies render placement services or give restricted employment in sheltered workshops. There are also many private state and national organizations which exist to protect and promote the interests of special handicapped groups, such as the National Society for Prevention of Blindness,

National Association for the Deaf, the Shut-In Society, and the American Institute for the Deaf-Blind.

The program of vocational rehabilitation under the Social Security Act is an educational service to train and fit disabled individuals to become self-maintaining. It is administered by the United States Office of Education and its state services are under the supervision of state departments of education. Artificial appliances may be purchased with Federal-state funds if they are needed to help handicapped individuals secure employment. The program does not provide funds for nursing or medical care of the handicapped. Such care must be sought from local public and private clinics and hospitals.

Problems of the Handicapped.—In social services for the handicapped emphasis is on individualization. A case study is made of each individual and in any plan for rehabilitation, consideration is given to his attitudes, abilities, and capabilities as well as to the environment of which he is a part.

In all contacts with the handicapped intelligent sympathy has a place but never emotionalism. Relief or other financial assistance is used as a tool of treatment and not as an end in itself. Wherever possible each handicapped individual is helped to achieve partial (if not entire) self-maintenance. Where funds permit, the special medical treatments which certain disabilities require should be provided.

Case work services for the handicapped require a wide knowledge of the social resources available to people with different kinds of handicaps, and some knowledge of the special psychological problems of the handicapped as discovered by specialists who have treated them.

Because Federal funds are not available for physical care and medical treatment of the handicapped, social case workers in some areas have the task of developing resources for these needed services. National and state private agencies for the handicapped are ready to cooperate with social case workers by furnishing study material and sending speakers to help arouse community interest, to confer on problems occurring in the development of resources, and likewise to

help with specific individual problems of handicapped persons.

PUBLIC HEALTH

The Situation.—The National Health Inventory (1935-1936), financed by a \$3,500,000 grant of Federal funds and covering 2,500,000 individuals in eighty-four cities and twenty-three rural districts, in nineteen states, has revealed appalling neglect of public health.

Thousands die yearly in the United States of tuberculosis, venereal diseases, malaria, pneumonia, and in childbirth. Other thousands suffer from malnutrition and preventable diseases such as pellagra, malaria, hookworm, and silicosis.

Hospital facilities do not exist for millions of our people. Rural areas suffer the greatest need. Of the 3,074 counties in the United States, 1,300 have no general hospitals; 16,000,000 people live in sections which contain less than one and a half hospital beds per 1,000 population and many people live fifty or more miles from any source of possible health service.

There are departments of health in each state and the District of Columbia, and likewise many city and county public health units. Many small counties and towns, however, do not have the funds to maintain public health services. Adequate community health protection requires a staff of physicians, nurses, and inspectors trained in public health work.

What is Public Health Work?—Public health work is concerned with ways and means of protecting and maintaining the health of people generally and thus increasing individual life expectancy. A health problem to have public health interest should affect a number of people. Public health programs are financed by taxes. Private philanthropy, however, has contributed much to promote public health, not only through grants of money for special programs but through extensive medical research and experimentation.

Public health work, like other social services, has changed to meet the needs of a changing society. Formerly public health work was concerned chiefly with community sanitation, provision of pure water supply, and preventing the

spread of communicable diseases. Today the areas and kinds of public health services have broadened and multiplied, and public funds now insure pure milk and food supply as well as pure water; regulate housing in the interest of health and safety; provide maternity and child health centers, special care of crippled children, health examinations, inoculation of immunizing serums, and clinics for treatment of social diseases; and conduct research in prevention and control of diseases.

Other phases of a modern public health program are health education of the public by radio and forum speakers, provision for health and hygiene instruction in public schools, control of sale of drugs, promotion of industrial hygiene and sanitary engineering, and maintenance of clinics and hospitals for diseased, crippled, and mental cases.

Public Health Agencies.—Our Federal government has maintained a public health service since 1798; it was called the Marine Hospital Service until 1912 when it became the United States Public Health Service. Through this service the Federal government maintains a vital statistics' bureau, interstate control of communicable diseases, protection from disease from abroad, and regulates health conditions in national parks, at national borders, ports of entry, and for federally dependent people. Research is carried on through field health stations and by the National Institute of Health. Government hospitals are maintained for soldiers and sailors, for merchant seamen, coast-guard men, Federal prisoners, and Federal employees.

Special financial grants by Congress have made possible special research and educational programs for control and treatment of cancer and venereal disease.

Recognition of Federal responsibility for sharing in the cost of public health programs throughout the country is evidenced in the provisions of the Social Security Act, which make available an annual appropriation of \$8,000,000 to aid states and local governmental units to secure qualified personnel and maintain adequate programs of public health.

Local governments finance parks, playgrounds, ball fields, tennis courts, swimming pools and other recreational facili-

ties which are important in the maintenance of public health.

There are many private agencies concerned with public health, such as the American Medical Association, the American National Red Cross, the American Public Health Association, American Social Hygiene Association, and the National Organization for Public Health Nursing. A number of private foundations have advanced public health knowledge through scientific research and experimentation, such as the Rockefeller Foundation which has made notable contributions in the control of certain diseases and the Commonwealth Fund which has a special division active in the development of rural health work.

Public Health Nursing.—Nursing is an important part of any program of public health. The function of public health nursing is largely educational, but includes demonstrations of nursing care as well as instruction in general health principles in homes, schools, clinics, and industrial establishments. The number of public health nurses in the United States is increasing, but there are still not enough for needed health services.

Public health nursing should be available to every individual, regardless of race, creed, or economic status, but in rural areas there is an average ratio of only one nurse to every 11,000 population and in cities one to every 5,000. Of the 3,074 counties in the United States, 1,000 counties are without a public health nurse, and neither the services of a public health nurse nor a private graduate nurse are available in many counties.

Since the passage of the Social Security Act which provides financial assistance to states for public health nurses in the work of maternal and child health, public health, and aid to crippled children, many communities are awakening to their need of public health nursing services.

In some rural districts public health nurses are assigned to areas covering thousands of square miles where absence of roads compels travel by horseback or snowshoes, according to the season. Despite the handicaps in size of case load, in distances to be traversed, and in the lack of hospital and medical facilities, these public health nurses have

helped individuals and communities to better health and have aroused citizens to the need for constructive action in matters of public health.

Changing Emphasis.—The most promising aspect of present-day public health services is the growing realization by the public that medical care, nursing, and hospitalization for the restoration of individuals to health is as necessary a part of a public health program as preventive measures.

The cost of public health services has proved too large for the financial resources of local governmental units. Under the Social Security Act, the Federal government has assumed a position of leadership and accepted responsibility for the development of a national public health program.

We have long recognized that the help of the whole nation is essential when disasters such as floods, dust storms, or hurricanes devastate certain areas. We are today realizing that the help of the whole nation is also required to deal with the wholesale death of infants and mothers because of lack of nursing care, and with the mounting toll of deaths from preventable and curable diseases.

MEDICAL CARE

The Situation.—The National Health Inventory of 1935-1936 revealed some startling facts. On any given winter day, 6,000,000 people in the United States are ill or injured and of this number 42 per cent, or 2,500,000, are suffering from chronic diseases. Sickness and chronic disablement are 87 per cent higher among relief clients than in families whose incomes are in excess of \$3,000. Thirty per cent of sick relief clients receive no medical care during their illnesses. The inventory also shows that the need of 18,000,000 poor people in rural areas for medical care is much greater than that of the poor in cities.

Physicians and dentists tend to locate in cities but even there there is an average of only one doctor to every 526 persons, and in towns of less than 5,000 there is only one doctor to every 1,345 persons. The dearth of dentists is greater, especially in rural areas. There are 1,300 counties in the United States without hospitals, and in many locali-

ties sick persons must be carried more than fifty miles to a hospital. There are 6,189 clinics in large cities connected with hospitals, industrial establishments, special health agencies, and philanthropic organizations.

Social Change and Medical Practice.—Plans for care of the health of our nation will have to take into account not only the social changes which affect the health and economic status of individuals and communities but the developments in medicine itself which affect medical practice. With the increase in medical knowledge and skills beyond the competence of any individual to master, specialization naturally arose; and physicians prefer more populous areas for their specialized practice where they can coordinate their services with others and have access to laboratories and current research achievements.

Adequate medical service is beyond the means of most individuals. The costs of illnesses are so unpredictable that families cannot budget realistically for them even if the size of their incomes permitted. It is estimated that an average individual earning less than sixty dollars a week cannot provide for his total medical needs. Many parents are distressed constantly in their endeavors to pay the medical bills for the sicknesses of their children and themselves, while other parents crowd free clinics with their children.

Many communities and states have insufficient income from taxes to provide adequate public health facilities.

Some physicians have felt that legislation to provide health insurance for individuals violated traditional rights of their practice. The belief is growing, however, that while the content of medicine is rightly the domain of the physician, the circumstances and economic conditions determining the right to benefit from his practice are matters of public concern and the physician is only one of the many affected. The health and security of the nation depend upon the physical and mental health of individuals. When millions of individuals face impaired health, disability, and misery because they cannot afford medical care the public is rightly concerned in asking that the government function protectively.

As the largest industrial nation in the world one of our greatest problems is the disablement of wage earners

through illness or accident. Such disablement means catastrophe for the worker's family. An industrial worker's earnings do not allow for savings for accidents or illness, and when the wage earner is unable to work his family suffer in the loss of wages. Any public system of health benefits should insure the continued livelihood of a worker's family while he is disabled.

Resources.—There are available rich resources in doctors, nurses, dentists, hospitals, clinics, professional schools of training, and health agencies. However, these resources are not distributed to meet health needs, and many of them are not receiving the use or support and recognition which would come with an intelligent plan of distribution.

There are more than a million physicians, nurses, dentists, and medical technicians in the United States; 6,000 hospitals and special institutions with more than a million beds; thousands of clinics, health centers, and agencies for public education in health; and thousands of voluntary fraternal, religious, and charitable organizations interested in helping with health needs and medical-care problems. This wealth of medical resources does not touch the lives of the great mass of our people. Because they cannot pay for a doctor or a hospital bed, many are denied the benefits of medical science. If a system of remuneration for medical care can be worked out, distribution of medical facilities in accordance with needs will undoubtedly result.

Programs for Public Medical Care.—A more adequate program of medical care is needed for our country, and there is wide agreement that such a program should include the expansion of preventive and remedial agencies; special protection for mothers, infants, and young children; support of hospitals, clinics, doctors, nurses, and dentists in areas of great need and low income; and more adequate medical care for those dependent on public support for their subsistence needs.

A national health bill, introduced in Congress on February 28, 1939, was based on the experience of many earlier efforts to secure legislative action in health reform. This bill was in the form of an amendment to the Social Security Act and provided for expansion of the existing health pro-

visions of the act. It provided for Federal grants-in-aid to states for the purpose of enabling them "to extend and improve medical care (including all services and supplies necessary for the prevention, diagnosis, and treatment of illness and disability)." To qualify for grants-in-aid under this bill states were required to (1) participate financially, (2) have their health programs state-wide, (3) have the state health agency or other agency cooperating with the state health agency administer the program, (4) have efficient methods of administration, including a merit basis in personnel appointments, (5) have an advisory council composed of representatives from professional, public, and private agencies furnishing services under the plan, and informed citizens, (6) make reports to a Federal board, (7) have working agreements with related public welfare agencies, and (8) give authority to the state agency administering the program to issue necessary rules and regulations. Eligibility for medical care under the program was to be determined by the states. The states would also work out their own plans of reimbursing physicians and hospitals for their services; all disbursements for medical care that were in excess of twenty dollars annually per individual would be matched by Federal funds.

This bill was sufficiently broad in scope that states desiring to set up systems of public health insurance could secure financial assistance from the Federal government for between one-sixth and one-third of the total expenditures under a state program, depending on the financial resources in the particular state.

A number of states are working on measures to enable them to participate in the program should this or a similar national health bill be passed. The American Association for Social Security has sent out a model state bill which is receiving serious study by the states. In general it provides for a state-wide system of compulsory health insurance covering all employed persons earning under \$1,500 a year and all manual workers regardless of weekly earnings, but excluding agricultural laborers and self-employed persons. Premium rates would be paid each week, or part thereof, that an employee was engaged in employment, by employee,

employer, and the state, according to a schedule related to the earnings of the employee. Contributions from employer and the state would be greater and from employees less, when the earnings were small; when the employee's wage was \$25 weekly or over, contributions would be 40 cents weekly each from employee, employer, and the state. Benefits would be medical, disability, and maternity; medical benefits in kind, the others cash.

This model state bill provides for the administration of the program by a health insurance board, composed of fifteen persons, including the health insurance commissioner, the state commissioner of health, and thirteen members to be appointed by the governor with the advice and consent of the state senate. These thirteen appointees would be chosen from interested groups as follows: four from an employee group, four from employers, two from physicians furnishing medical benefits, one from medical specialists furnishing services, one from dentists concerned, and one from the hospitals giving benefits.

Advances in medical science and practice make health, happiness, and activity possible to most of us, and as belief is quite general today in the responsibility of the national government to assume leadership in promoting maximum health for all, it seems probable that some form of a national health bill will become law in the near future.

QUESTIONS FOR DISCUSSION

1. Was Federal aid available to states for programs of vocational rehabilitation of handicapped persons before the passage of the Social Security Act in 1935?
2. What is the purpose of the vocational rehabilitation program under the Social Security Act? Who administers the program?
3. What resources exist for nursing and medical care of the handicapped?
4. What are some of the facts brought to light by the National Health Inventory of 1935-1936?
5. Is Federal aid available to local governmental units for public health programs under the terms of the Social Security Act?
6. Name four private organizations which have made outstanding contributions in the field of Public Health.

7. What is the plan in your county for providing medical care for people on relief?
8. Are there sufficient medical resources in the United States to care for the health of our population?
9. What are the provisions of the model health bill recommended by the American Association for Social Security?

ACTIVITIES

1. Have each student examine the last annual report of the state health department in his or her state and report on the principal areas of service of the department.
2. Arrange a group discussion of (a) responsibility of the government in a democratic country to insure medical care, nursing, and hospitalization for all, or (b) Federal versus state control of programs of health insurance.

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Appendix

SOCIAL PLANNING IN GREAT BRITAIN

APPENDIX

SOCIAL PLANNING IN GREAT BRITAIN

THE twentieth century saw definite advances in Great Britain in social concern for general welfare. Government interest in the welfare of the whole body of citizens was evidenced in the development of wider educational opportunities, public health services, and public recreation; and in provisions for the isolation of people with mental and contagious diseases, removal of children from unfit homes, and limitations on child labor.

Concurrently there were national developments in social planning to wipe out poverty and distress, and thus the need for charity, including old-age pensions, security for widows and children, unemployment insurance, and compulsory health insurance.

Old-Age Pensions.—The Old-Age Pensions Act of 1908 provided for government pensions for needy citizens over seventy years of age, who had resided in Great Britain for twenty-five years, on a sliding scale, such that no pensioner would have an income from all sources of more than 31 pounds, 10 shillings. A recipient to qualify must be poor but not a pauper. If he had served a prison sentence or was a habitual drunkard he might be disqualified for ten years. By 1911, 75 per cent of British citizens over seventy years of age were receiving pensions under this act.

After the World War, in 1919, the British government re-examined the whole question of old-age pensions and changes were made. The maximum amount of a pension was increased to 49£ 17s. 6d., the pauper disqualification was withdrawn, and a more generous method of calculating means was adopted.

In 1925 Great Britain adopted the "Widows', Orphans', and Old-Age Contributory Pensions Act," making old-age

insurance obligatory upon all wage earners and salaried employees, including seamen, agricultural workers, miners, and nonmanual workers earning less than a specified amount; the means test was discontinued; the age was reduced to sixty-five, and contributions toward pensions were to come from the workers, the employers, and the state. The rate of contributions was made the same for all workers regardless of amount of wages, and the amount of the pension was set at 26 pounds a year. Under this plan Great Britain insured 38.4 per cent of her total population.

In 1933 there were, in addition to Great Britain, forty-two foreign governments offering some form of security to their old people. China, India, and the United States were the only large countries not making such provision. Not until 1935, with the passage of our Social Security Act, did the United States take government action to provide pensions for the aged.

Widows' and Children's Security.—Pensions are granted to widows in Great Britain regardless of age or incapacity. There is a fixed pension of 10 shillings weekly for widows, and additional aid for the children of widows in amounts of 5 shillings a week for the first half-orphan, 3 shillings a week for each additional half-orphan, and 7s. 6d. for each whole orphan. The number of widows pensioned is greater than the number of children cared for, but the amount the widows receive is disproportionate to their greater need. The plan does not take into account the adequacy of the widow's pension for a minimum standard of decent living.

Unemployment Insurance.—The National Insurance Act of 1911, when first set up, covered about two million workers having cyclical and seasonal employment. By July, 1935, over fourteen million persons from sixteen to sixty-four years of age, in Great Britain and Northern Ireland, were covered by the act. All manual and nonmanual workers earning less than 250 pounds a year were brought within the system set up by the act; and under a special act of 1936, 750,000 agricultural workers were added, with special provision for contributions from them of one-half that paid by other workers. Originally benefits were paid for 15 weeks if the

worker had contributed weekly payments for 10 weeks and if the unemployment was unavoidable. Later, extensions were made to provide benefits for those who had not paid the required number of contributions or whose right to payments had been exhausted. Then a system of "extended" or "uncovenanted" benefits was set up, enabling the insurance fund to pay benefits in advance of contribution and to borrow from the national Treasury. Up to 1931 such extended benefits were paid to all unemployed persons covered by insurance, but costs so mounted that after 1931 such benefits were paid only upon the basis of proven need.

Under the National Economy Act of 1931, the privilege of borrowing from the Treasury was taken away, certain exempt classes of workers were compelled to join in the insurance, which increased the amount of contributions while actual benefits were reduced, and the provision was introduced that only those would be certified for transitional benefits (after standard benefits had been paid) who could prove to the public assistance (poor law) authorities that they were in need.

The public assistance officials were thus asked to deal with insured persons in the same way as with other unemployed, able-bodied persons who applied to them for aid. They had already been aiding those excluded from insurance benefits and occasionally supplementing the benefits of some of the insured, and also assisting insured persons who were waiting for payments or who for other reasons needed help.

The Unemployment Act of 1934 endeavored to set up a solvent unemployment-insurance fund by separating insurance from relief. It was hoped the act would lessen some of the evils which had attended the rapid development of unemployment insurance and meet the criticisms that young people were demoralized by early receipt of dole, that workers were refusing jobs, that young workers were refusing to emigrate to other parts of the Empire where there were jobs; that married women were getting benefits while husbands were employed; and that the cost of unemployment insurance was too heavy a burden on the taxpayer.

Under this Act of 1934 a new unemployment-assistance board was established to take over the duties of the local public assistance officials with regard to transitional payments and the administration of relief to unemployed, able-bodied persons. The functions of this board were to assist persons in need of work, to promote their welfare, to grant and issue unemployment allowances, and to make provisions for the improvement of the condition of the unemployed with a view to equipping them for re-entry into regular employment. Under this act, 95 per cent of the costs were to be borne by the national Treasury.

The following are some of the requirements set up by the Act of 1934 to control payment of unemployment benefits:

1. Not less than thirty contributions must have been paid during the two years previous to the date of a claim for benefits.
2. Applicant must be capable of and available for work.
3. Juveniles under eighteen years of age must either attend or show good reasons for not attending authorized courses of instruction designed to train for re-employment.
4. Six days must elapse between date of application and payment of benefit and unemployment must have been continuous since the date of application.

Also, grounds for disqualification were specified in the act, including failure to accept employment offered by the employment exchange, misconduct, voluntarily leaving work without just cause, or unemployment due to trade disputes. Inmates of prisons or workhouses or those receiving other benefits such as sick insurance, invalidity aid, or blind pensions, were declared ineligible for unemployment insurance.

Unemployment exchanges were set up with responsibility for registration of the unemployed and examination of their work qualifications. These exchanges were required to maintain lists of job vacancies, keep records of job placements, investigate eligibility for payment of insurance benefits, and pay benefits.

Training centers to retrain the idle were set up at public expense. Public projects were also promoted by the government to employ workers on an ability, not need, basis.

The Act of 1934 provided that contributions be paid in

equal shares by employee, employer, and the national Treasury; weekly benefits were increased by 2 shillings a week for each dependent child and by 9 shillings a week for each adult dependent. Benefits were made payable for 26 weeks in the 12 months following the date of application, and special benefits extended to enable persons with good employment records to obtain benefits for a full 52 weeks.

What effect the 1940 World War will have on the development of unemployment insurance cannot be predicted, but already there have been reductions in government appropriations because of the need of funds for national defense, and leaders in the British Parliament prophesy further reductions. However, compulsory unemployment insurance has made such progress in Great Britain that it seems probable some form of it will figure in any future planning for general economic security.

Health Insurance.—Organization of outdoor medical relief with doctors serving under the poor laws on a salary basis, with special fees for surgical and obstetrical work, was instituted in Great Britain in 1834, and procedures continued unchanged until the provision in the National Insurance Act of 1911 for compulsory health insurance.

Under the National Insurance Act all manual laborers between the ages of sixteen and seventy years, and all other persons whose salary did not exceed 250 pounds a year, were required to make contributions to their health insurance, while voluntary contributions could be made by those who did not come under the compulsory provisions.

Through the years following, the scope of the health insurance plan was broadened, but up to 1926 it still left out a considerable group of low-income workers employed in private enterprises, and all women, married or single, not employed for wages, and all children, except those sixteen years of age who were employed. By 1930, however, the health insurance program of Great Britain involved about eighteen million persons, of whom two-thirds were men and one-third women. Developments since then have increased the scope of health insurance in Great Britain and brought medical benefits to additional millions.

QUESTIONS FOR DISCUSSION

1. What requirements did applicants for a pension have to meet under the Old-Age Pension Act of 1908, as to residence, age, condition?
2. Under the Widows', Orphans', and Old-Age Contributory Pensions Act of 1925 who were required to make contributions toward the pensions?
3. What three countries did not have old-age pension plans in 1933?
4. What aid is given by Great Britain to widows and their children?
5. Trace the developments in unemployment insurance in Great Britain through provisions in the National Insurance Act of 1911, the National Economy Act of 1931, and the Unemployment Act of 1934.
6. State the purpose of the unemployment exchanges and training centers set up under the Unemployment Act of 1934.
7. Under the National Insurance Act of 1911 what groups were required to contribute toward their own health insurance?
8. By 1930 how many people were involved in the health insurance program of Great Britain?

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